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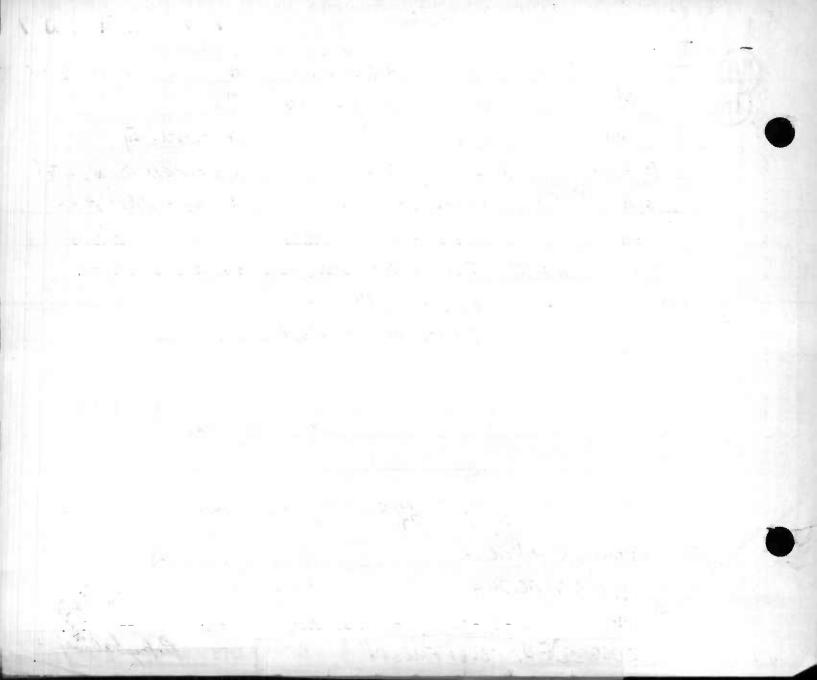
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

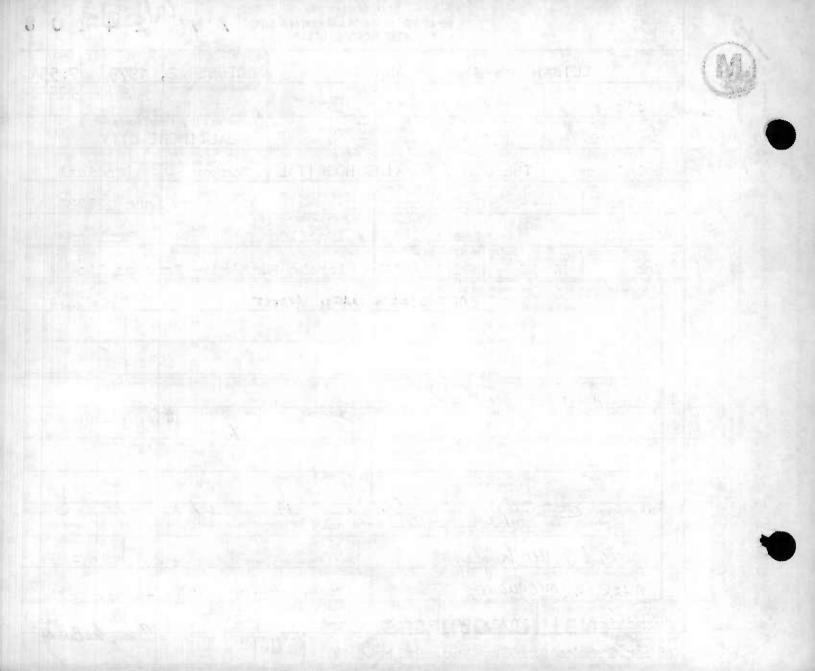
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Items #1&7a per phone call w/Fun. STATE OF MARYLAND

1 - STATE Home 10/19/79 rc

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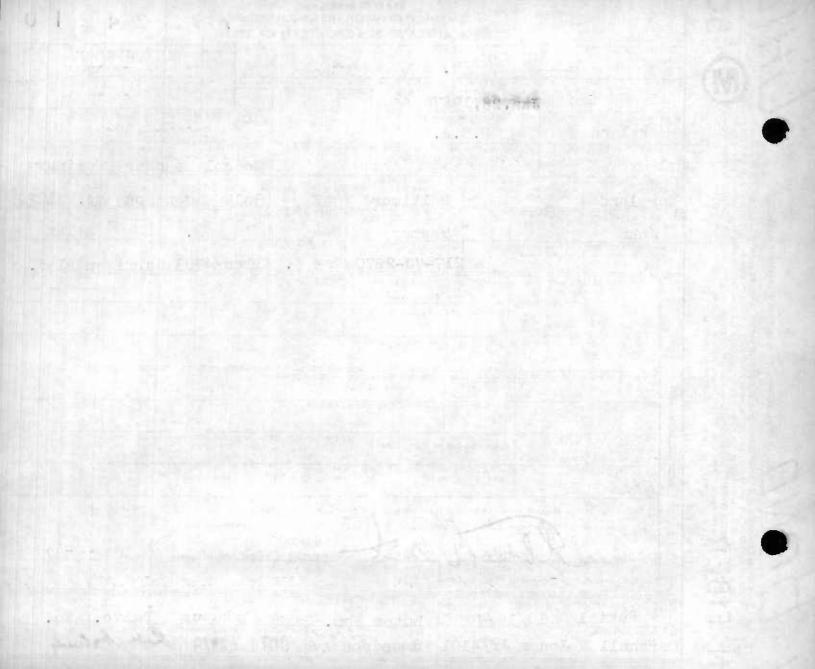


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LEVEL VILLE 10-16-79 J- 15 1901 18

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN XXOCTOBER YEAR 7b HOUR (TYPE OR PRINT) ESTI-M. DEATH MATED Henry Allen . SEX 4. RACE DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS YEAR PRONOLINCED Male Black 28,1957 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR D. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX U.S.A. Baltimore City, 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Edmondson Avenue Baltimore City School Teacher Seminary USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Edmondson Ave. 21229 Baltimore Maryland NO . 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST ANIDOLE John Thomas Allen Mae B. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES. NO. OR UNKNOWN) HE YES GIVE WAR OR DATES! 217-70-2270 Mae B. Allen/4003 Garrison Blvd 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiomyopathy IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E DEPARTMENT OF I YES VY NO 718. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Autopsy X 22a. I certify that I took charge of the remoins described above, held on Inspection Inquiry ond in my opinion ARYLAND, Hamicide Undetermined manner DIREC TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA Deputy Chiefedical EXAMINER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto.,MD (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION, REMOVAL 23b. DATE STATE Buria] Arbutus Balto. Arbutus 24. FUNERAL DIRECTOR **DHMH-17** W Jones Jr 4101 Edmondson Ave (VR A15 ME (5)) 15M7/76

STATE OF MARYLAND



DHMH - 16 50M 1/76

(VR A 15 (4))

1.	FOR STATE REGISTRAR		DEPARTMENT OF	ATE OF MARYL FHEALTH AND IFICATE OF	MENTAL HYG	IENE 7 9	2 4	2 1	1
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14 FA		MIDDLE	LAST	13 MOTHER	FIRST	WIDDLE		LAST	
	John S	Slater				nown			
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. S	OCIAL SECURITY NO	. 17 INFORM	AMr. E	mmett All	en		
,	27		5-03-460	3 6102	Mavla	ne Dr. Ba	lto.Md.	21212	2
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line to		Nic	SHOC	K		PPROXIMATE IN WEEN ONSET A	TERVAL ND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	who	CANOI B	LINFA	parion		
NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIE	BUTING TO DEATH B	UT NOT RELATE	D TO THE TERMI	nal disease or con	DITION GIVEN IN PA	ART 1(o)	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH PERAT	ION WAS PERF	DRMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES		ATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJU HOUR A.M. M P.M.	RY NONTH DAY YEA	AR	NJÜRY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PA	ART 2)	
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	220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	00 7	1974) (our) opinion o	eoth occurred on the de	ote and hour and fro	1 14	(we) lost

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Marcio M. Menendez

22e ADDRESS

5820 York Road 21212 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

COUNTY Catonsville
TD. BY REGISTRAR 256. RE Maryland

236. DATE

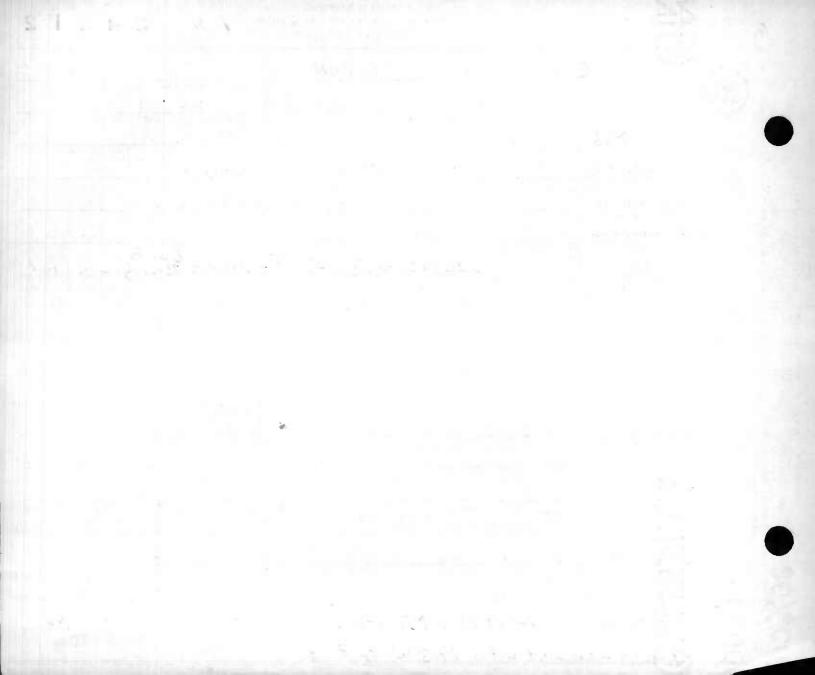
Cremation 10/5/79 Westview Crematory

Westview Crematory

Byers Funeral Directors 250. Date we 8728 Liberty Road Randall Characters 250. Date we 1979

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-			STATE OF MARYLAND		
	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 9	2 4 2 1
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00	Handley	MIDDLE LAST	s Fanne	WIDDLE	Witing to
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HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

- STATE

(VRA 15 (4))

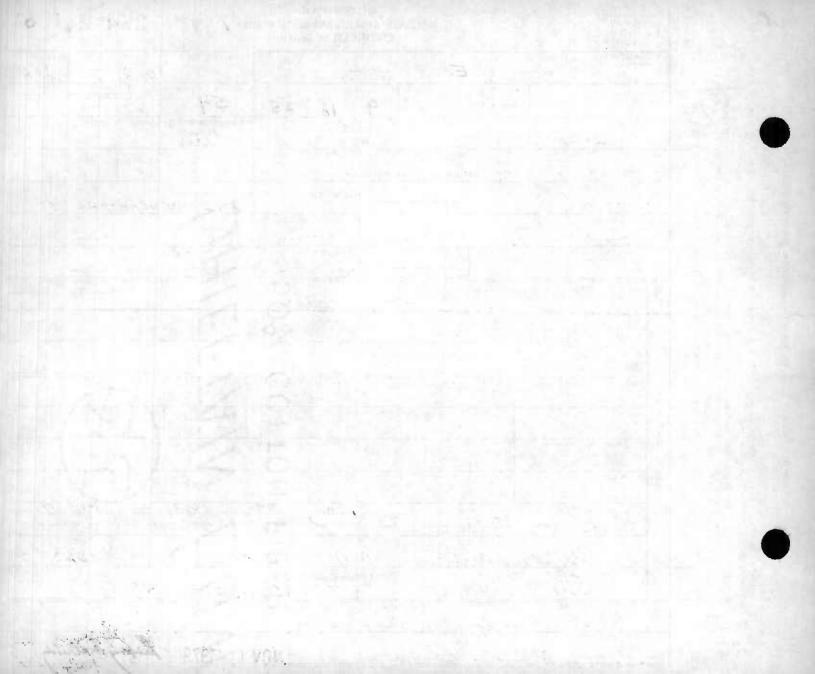
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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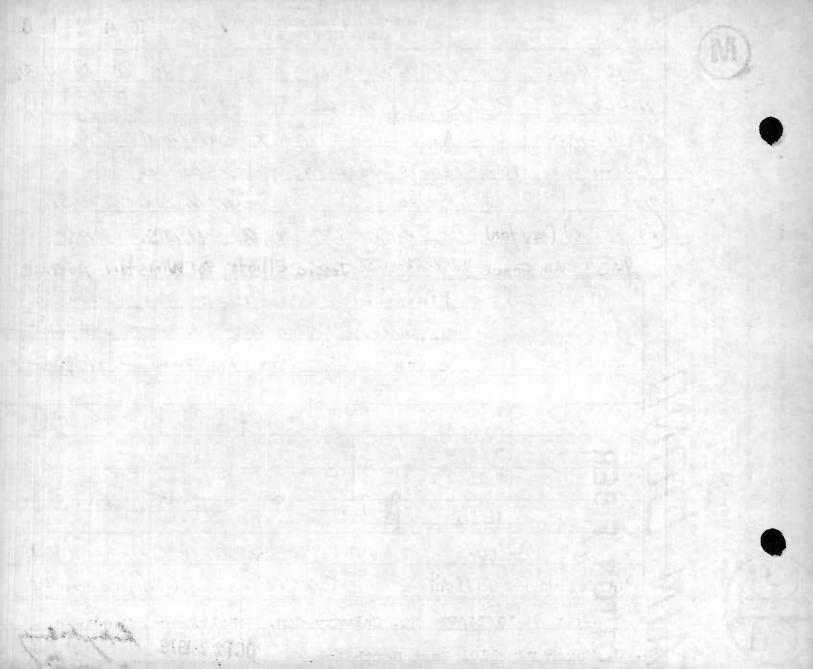
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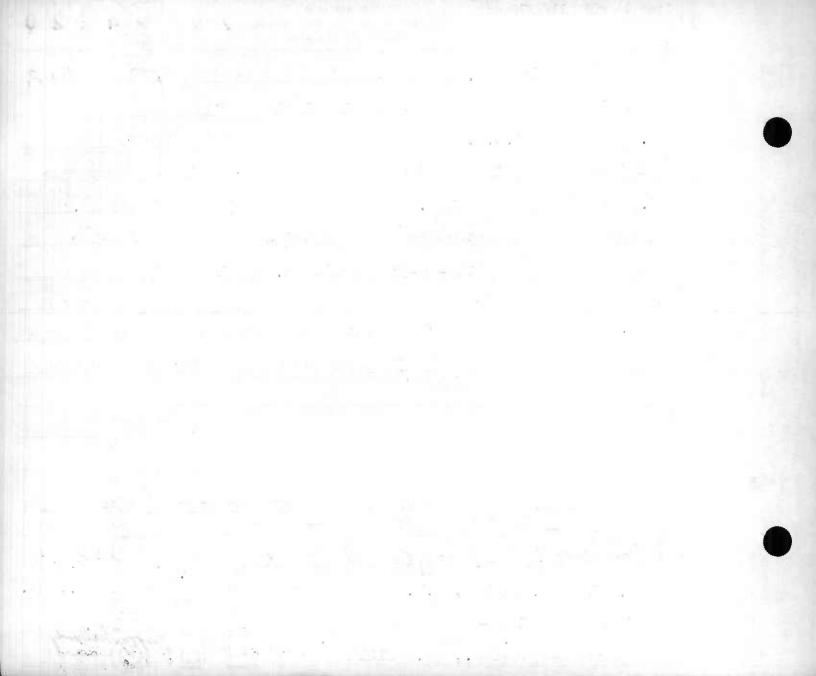
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STATE OF MARYLAND

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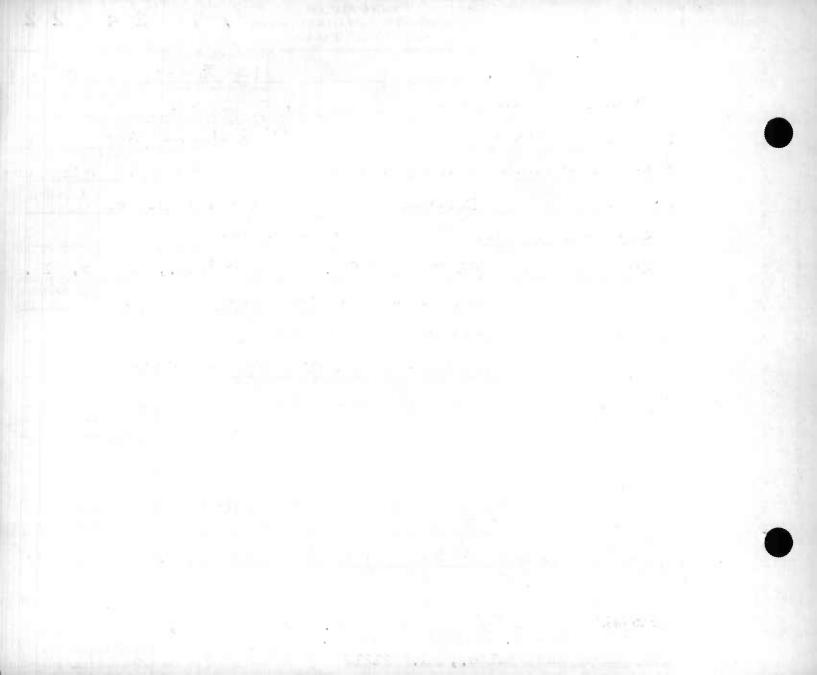


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) FRANK ACKLILINO 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER LYFAR VEAR STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY) WIDOWED DIVORCED YOR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE INDUSTRY Sales-Auto Parts BALTIMORE, MARYLAND 2120 USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS Anne Arunde 14 FATHER'S NAME MIDDLE Paul Aquilino Marietta Richards Α. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Harriet Aquilino (Wife) Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY GASTRO INTESTINAL HEMORRHAGE IMMEDIATE CAUSE (6) PRESTON DUE TO, OR AS A CONSEQUENCE OF RBAIAL Conditions, if thy, which ACUTE gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse BLIEB.DING-AMRTIC ANKURYST DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 166 CERTIFICATION SYAM ROTTIE No DATE OF OBERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? burial-transit per Mental Hygiene ABDOTINAL ADRITIC ANEURYSTA YES [sho 210, ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from, sow the deceosed olive on OCT Gobove, (1) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE St. DATE SIGNED ATTENDING MEDICAL STAFF ild be deta the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT JA THISICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS BRITISH JOHN SOUTH GREANE ST. BALTIMORE shoul 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria1 10/9/79 Ft.Lincoln Cemetery Brentwood PG 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Hines/Rinaldi F.H. 11800 N.H.Ave.S.S.Md. (VR A 15 (4))

Aster a with THE AMEL CASTAC IN TAIL THREE MERCHANGE I ME 19- 0015 ACOTTO RAILBE FAILURES 1. F. DAYS PLITADING AMERIC ALKERRYSTI ADULT RESPUBLICATION DIFFERS STRUCKING CARDIONYSHIP 9/20/79 BLEET ABBRIDGE ACRESC ALLERSESSES X 4. Paitting JACHEN S BEITHER 22 SOUTH GHENNIA ST, PARTITORS

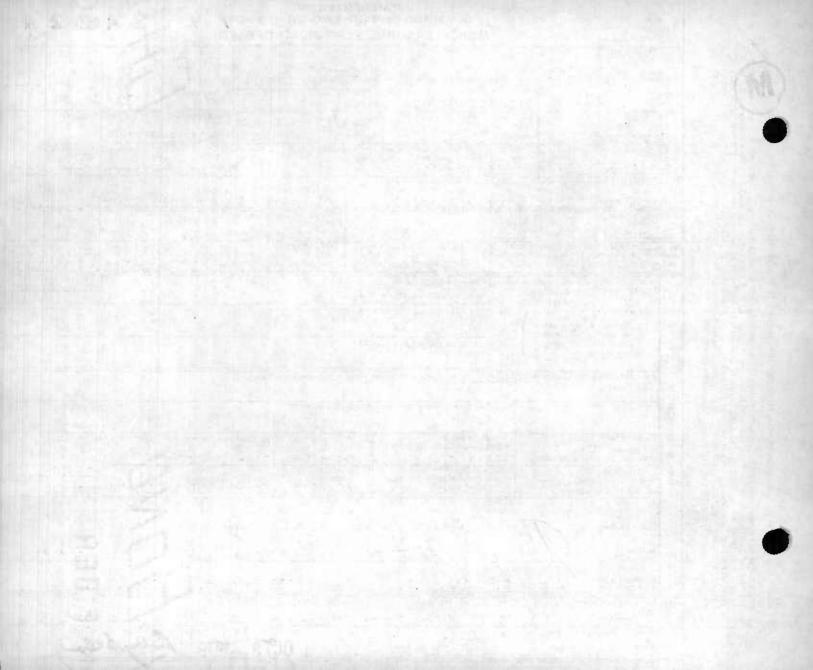
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

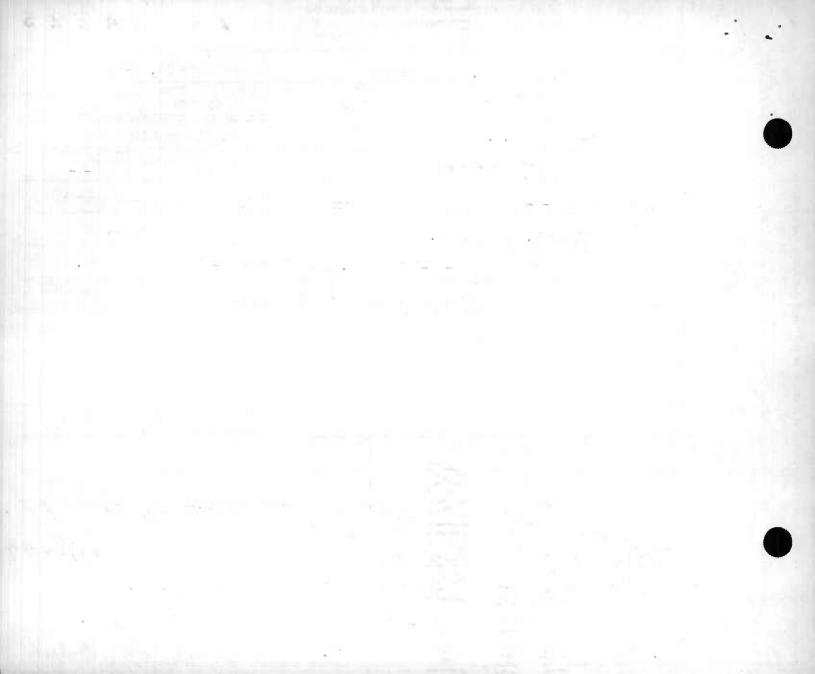
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	REGISTRAR CEASED NAM	AF FIRST		DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO.	JTH DAY YEAR 75 HOUR
	PE OR PRINT)	James	ome J.		rmiger	OF ESTI-	10 11 19 79
3. SE ma		4 RACE white	5. DATE OF BIRTH MONTH DAY Dec 24		JNDER 1 YR. IF UNDER	MIN PRONOUNCED	10 11 1979 P M
HIN YOUR STEEL	BIRTHPLACE OREIGN COUNTRY	STATE OR	76. CITIZEN OF WH	AT COUNTRY? 8. MAR	RRIED NEVER MARRI	Dollaimana di	UNTY OF DEATH
and the same	Balti	OF DEATH	II, NAME OF HOS	PITAL, NURSING HOME, OR O' LILITY, GIVE STREET ADDRESS! HOSPITAL (DOA)		120. USUAL OCCUPATION (TYPE OF WO	MID.
Ö 2 130. S	STATE	13b. COUN	OR OTHER INSTITUTION, GA	E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	AND STREET ADDRESS 405 Old Home F	Road
30 11 5	rylan ATHER'S NAM Georg	e Armig	e r	LAST	15. MOTHER'S MAIDE		Sidenstricke
	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
1	Ves	WW	II Ily ane couse per line	214-22-9619	Wife	Same	APPROXIMATE INTERVAL
CREMATION, OR REMOVA	lying co	rise to immediate a) stating the under- ause last. SIGNIFICANT CONDITIONS	DUE TO, OR	AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PAI	RT 1 a).	
9 < 10							
1 1	19a. DATE C	OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
H = E	21a EXTERN	NAL CAUSE WAS NG OR TING CAUSE OF	21b. TIME OF HOUR A.M DEATH P.M	INJURY YEAR 21c.	HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART I C	YES X NO .
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PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTMORE, MARYLAND, 21201 PRIORATO BURIAL, MEDICAL CERTIFIC	21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURI EXAMINER' (TYPE OR PF	NAL CAUSE WAS IG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK Thiffy that I taak charge wheel from: Nature S NAME Mar NATION, REMOVAL	21b. TIME OF HOUR A.M DEATH P.M 21e. PLACE C STREET, FACT ge of the remains des rol couses X, egarita A.	INJURY MONTH DAY YEAR 19 OF INJURY (ATHOME, ORY, FARM, ETC.) 21f. Individual of the control of	HOW INJURY OCCURRE OCATION STREET DODAY Homicide TITLE (SPECIFY) ASSISTANT ADDRESS OR CREMATORY THE MANUAL	CITY OR TOWN n , Inquiry , ond in m Undetermined manner , t MEDICAL EXAMINER SK 1 Penn St.	YES NO DR PART 2) COUNTY STATE ATE ONED 10-11-79 COUNTY STATE

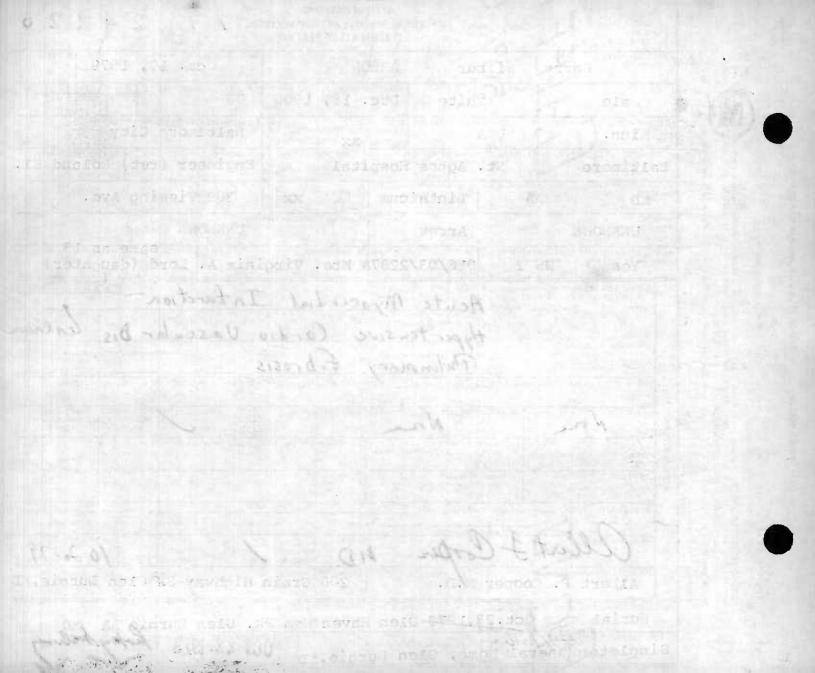
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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requires that the death certificate be executed within 24 hours ofte

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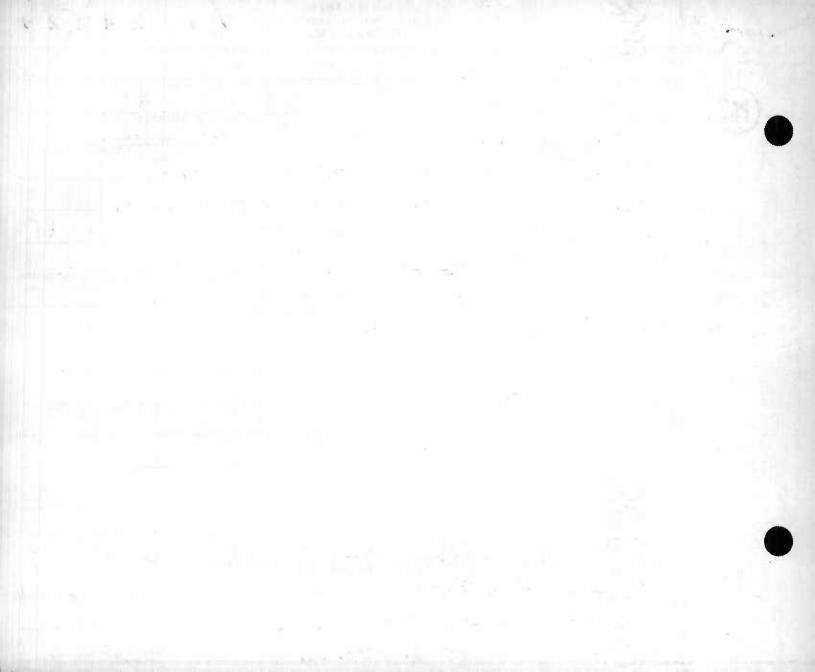
10	1-	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE / 9	2	4 2	-2 1	
1		EASED NAME FIRST		MIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
7)		KOB	ERT		HU	120		10/10/	179	535 A	
2	3. SEX	Male	4 RAC	White	S DATE O		6 AGE (IN YEARS LAST OR	THDAY] IF U		HOURS MIN	
\$5	M	THPLACE (STATE OR FOREIGN UNITRY) aryland	7b. CIT	U.S.A.	MARRIE WIDOWE	/ \	Baltimorecity of	_	DEATH 4/1/4	City ,	
5 Politic	B	eltimore, ma	{ IF	NOT IN SUCH FACILITY, GIVE	d Same	entan Hosp	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C ELECTIC	ION DE WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS	
£35	13a. S	ma		13c. CITY OR		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	E. Bio	Idle:	st.	
Exomin Park	14 FA	HER'S NAME FIRST Herbert	MIDDLE	Aull	ī	IS MOTHER'S MAIDEN NAME FIRST Estelle	WIDDLE	I	last Unk		
medicol	lés W (YI	AS DECEASED EVER IN U.S.	ARMED FO	DRCES? 166 SOCIAL	SECURITY NO.	Mrs T. Franc	es Áull 42	ESS			
event, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Electio - Mechanical dissociation APPROXIMATE									
		410-		UE TO, OR AS A CONS							
0		Conditions, if ony, which gove rise to immediate	((b) MaJSi		monary emb	olism				
or other troumotic		couse (a), stating the underlying cause last.	DI	UE TO, OR AS A CONS		acute myo	cadial in	Paretion			
injury, a	NOI	NOI	PART 2 OTHER SIGNIFICAN	T CONDI	TIONS CONTRIBUTING	ING TO DEATH BUT NOT RELATED TO THE TERM		INAL DISEASE OR CONDITION GIVE		N PART 1(0)	
no smou	CERTIFICATION	198 DATE OF OPERATION	19	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES C		
ltem 18 sh		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH F	b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)		
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21 is mo	4	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on/	0/10/	nm #3	10/79, 19	to 10/19	ote ond hour an		hot (I) (we) lo ouses stoted	
ofe Dept IT: If Nem	B	226. SIGNATURE	0	lama m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	IGNED	
IMPORTANT		226 PHYSICIAN'S NAME (TY)	TL 197	nA		The Goo	OD SAMA	RITAN	Has	P.	
3 ≧	230 BI	JRIAL, CREMATION, REMOV PECIFY) Cremation	'AL 23b.	DATE 10/12/79	_	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN Baltimo		yary bac [v	STATE	
6 20M	24 FÜ	NERAL DIRECTOR				25a DATE	REC'D. BY REGISTRAR		A STATE OF THE PARTY OF THE PAR	ge ,	
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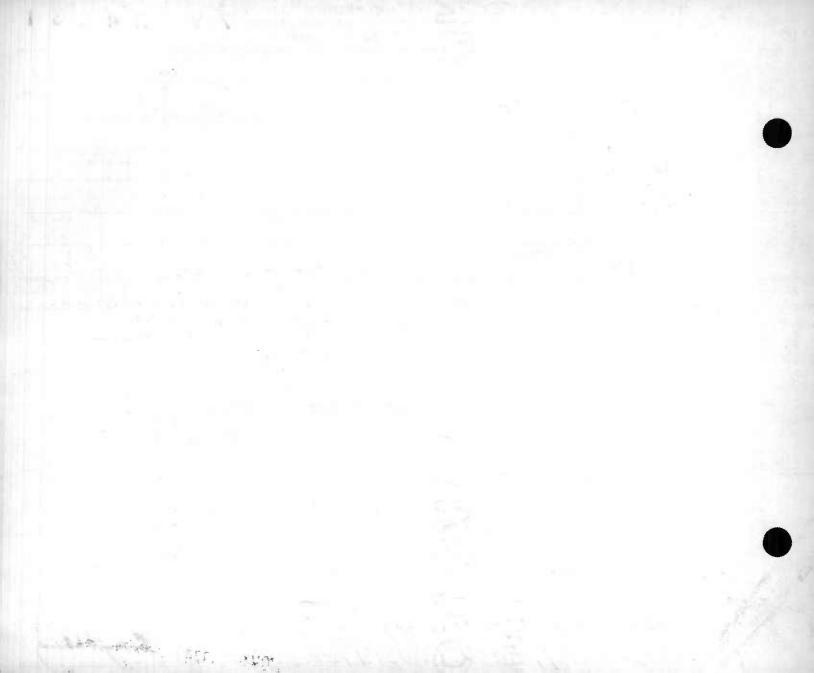
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	1		STATE OF MARYLAND	0 4 9 7 0
И	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 CERTIFICATE OF DEATH	2 4 2 3 U
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH	
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(IA)	3. SE	'AP	1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST	BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
direction of the	₹ RI	RTHPLACE ISTATE OR FOREIGN	BIRCK 12 16 03 75 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CIT	Y OR COUNTY OF DEATH /
in 72 h in 72 h	C	md.	U, S.A. WIDOWED DIVORCED BATTI	none CITY MD.
offer do	10 C	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRIES) LITTLE FROM COMMENTS OF MORE FOR	
120 Durs ours in by	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ojeg
AND 2	130. 5	MAC 136 COUN	136 CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET ADDRES	1) nevang Hone
within within detely ad 2 sh	14. FA	THER'S NAME	MADLE 7 LAST FIRST MIDEN NAME	E 1 1 LAST :
A p m o X	11	m. Il James	Exhally Ilonence E.	Wilson
MORE or execute or execute or and or Poges		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WAR OR DATES 9 MELVIN CHESLEY 12	28 Elling ST
ALTI		18 CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. at the cree cree		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
20 res		PART 2 OTHER SIGNIFICANT O	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)
ORDS, require require. Then sign or real bring to be required by the real bring to be real	ě			
L RECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?	206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL I	RT	A ACCIDENT WAS UNDERLYING F	YES NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF I	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requires the thing physician. When this certificate has been significant this certificate because the and Mental Hygiene prior to be the and Mental Hygiene prior to be orked or them 18 shows any injury orked or them 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	NJURY IN ITEM 18, PART 1 OR PART 2)
HYSIC ading anis cer buria I Ment or ther	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 21f. LOCATION	TOWN COUNTY STATE
IVISI	2	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR	TOWN COUNTY STATE
0 0 4 9 0 E		22a.1 certify that (I) (this hospi	tal) attended the deceased from 9/14, 19 79, to 10/	9 19 79 that (I) (we) last
R ATTENDING hospital or of hospital or of RECTOR. Affer hed for use os the pp., of Health of hea	3	sow the deceased alive an above. (1) (4) (did) (d	1) view the body ofter death.	e date and hour and from the causes stated
DR he pe		226. SIGNATURE	DEGREE	22c. DATE SIGNED
Al Cal Cal Cal Cal Cal Cal Cal Cal Cal Ca		05.65	ATTENDING MEDICAL SPHYSICIAN DIRECTOR PHY	STAFF VSICIAN 10/9/77
HOSPIT inned by Uffunce build be on the Sta		22d. PHYSICIAN'S NAME (TYPE O	R PRINT) 22e. ADDRESS	
TO HOSPITAL of retained by the TO FUNEMAL IS should be detormed with the Store IMPORTANT. If		Brian	Bernan Lutheran Hos	pital Balt, Md.
117		BURIAL, CREMATION, REMOVAL	GITY OR TOWN	COUNTY STATE
(U BP	24.5	Durial	10/12/74 M. Mulum Ball	AND DECKTOARS COLLANDS
DHMH - 16 50M 7/77 (VR A 15 (4))	1	JNERAL DIRECTOR	ADDRESS () ADDRESS ()	AR 25b. REGISTRAR'S SIGNATURE

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17.	FOR • STATE		PARTMENT OF H		HTAL HYGIENE	1.4	2 4	2 3 ;
	REGISTRAR ECEASED NAME FIRST PRE OR PRINT) Barb.	A	CALEXAMINE ita	LAST Ball	20.	DATE KNOWN STI- DEATH MATED	MONTH D	22 19 79
	Female White	10/7/42	YEAR 6. AGE (IN YEAR LAST BIRTHDAY 37 YRS	MONTHS DAYS	HOURS MIN. PR	DATE ONOUNCED DEAD BALTIMORE CITY OF	10 2	22 19 79 2d. HC
1	Texas	USA			DIVORCED	Baltimo	re Ci	ty,
1	Baltimore /	Provide:	AL, NURSING HOME, TY, GIVE STREET ADDRESS) THE HOSPITAL		FOR MOS	LOCCUPATION (TYPE OF STOP WORKING LIFE)	OF WORK 12b	OR INDUSTRY
13a.	STATE 136 COU	E OR OTHER INSTITUTION, GIVE F INTY	Baltimore	N) 134 INSIDE CITY	LIMITS? 13e STREE	Troppesiden B	Birch (Ct
1	ATHER'S NAME FIRST GOORGE WAS DECEASED EVER IN U.S. A	MIDDLE H.	White	Lo	S MAIDEN NAME	Mozelle ADDRESS	Э	Linse
(VE WAR OR DATES)	450 64 0			Funeral	Home	Texas
NO	Conditions, if ony, whic gove rise to immediat cause (a) stoting the <u>unde</u> lying cause last. PART 2 DTHER SIGNIFICANT (DNDITION	te (b) DUE TO, OR AS	A CONSEQUENCE OF		IVEN IN PART 1 (a).			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERA	TION WAS PERFORME	D?		2	0. AUTOPSY?
								LES EN MO
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		JURY MONTH DAY YEAR 19	21c. HOW INJURY O	CCURRED (ENTER NAT	URE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	TES EN NO
MEDICAL CER	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. A	NONTH DAY YEAR 19 INJURY (AT HOME,	216. HOW INJURY O		ure of injury in Item 18 Pa	ART 1 OR PART 2) COUNTY	
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THE WOOD OF THE PARTY OF THE PA ARGE ENTRAINE HERMAN TACUERS AND

FOR

2b. HOUR OCT. 10 1979 & AGE (IN YEARS LAST BIRTHOAY) IF UNOER 1 YEAR OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WEST ELECT CCLES ABOUR 3 men PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY STATE and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE COUNTY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 J.G. CONNELL ADDRESS (VR A 15 (4)) 300

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1101 E. North Ave.

FOR

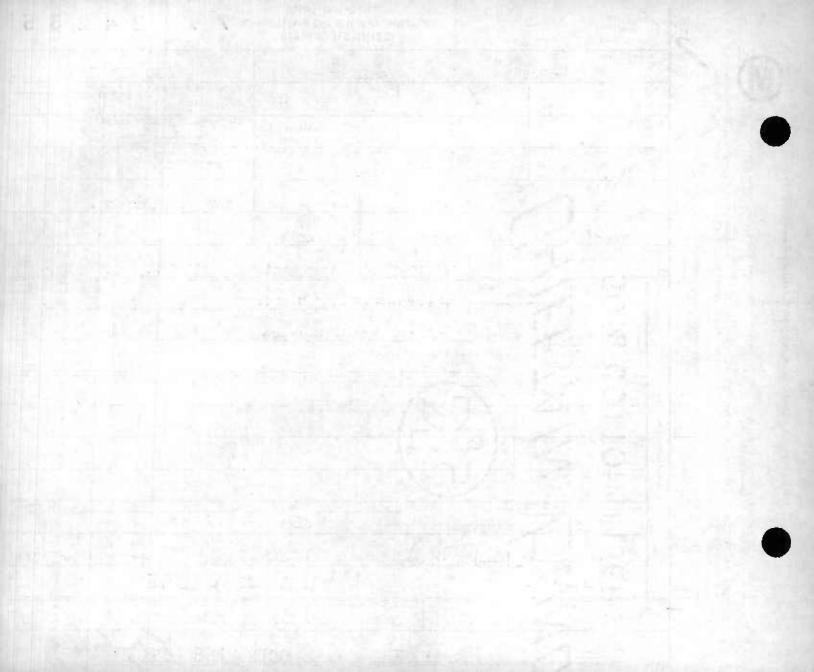
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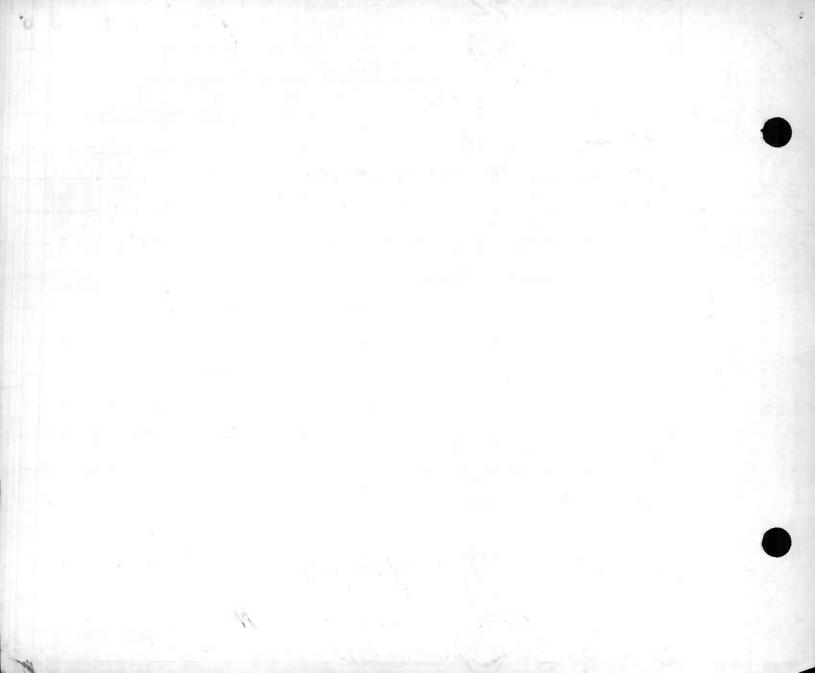
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STATE OF MARYLAND

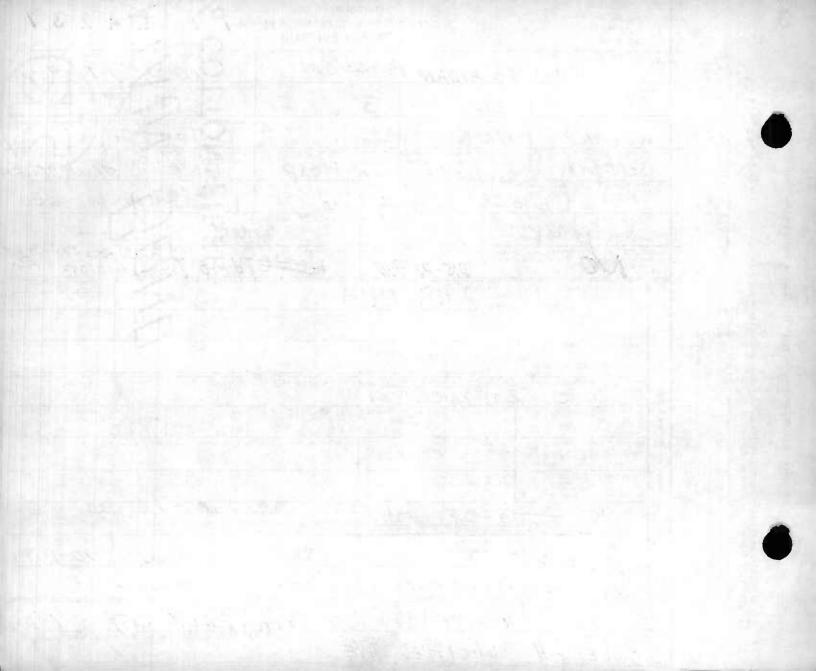
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





3.	1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE 7 9	2 4 2 3 7
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4 (54)		CEASED NAME PATRO	CK ADAN	BANNON	20 DATE OF DEATH MONT	1-7.9 4'35 M
	3 SE	× 11	RACE	S. DATE OF BIRTH MONTH DAY YEAR 24	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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01 12 12	7	IRELAND	UNIC	MARRIED NEVER MARRIED X	Balto Balto	City MD.
on the formal and the	3 10 0	Balto City	I. NAME OF HOSPITAL, NURSIN	ADDRESS) ADDRESS) ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK JORMOST O WOR	IXING LIFE) 12 KIND OF BUSINESS OR INDUSTRY DRIVER
W. PRESTON ST., BALTIMORE, MARYLAND 2120 of the death certificate be executed within 24-hours by the ottending physician and completely filled in the remove corbon papers. Pages 1 and 2 thould be filled cremation, or removal.	USU 13a	AL RESIDENCE (IF NURSING HOME OR OF	THE INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS AT	TAPSCO AVE
MARYLA ed within ond 2 the	14 F	ATHER'S NAME FIRST		15. MOTHER'S MAIDEN NA	IME MIDDLE	LAST
E, MAR)	1 140	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166. SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS	218 11-0711-2018
be execu		YES, NO O' UNKY TI		9411 10000	PHILIP BANK	UN HEARTH STEE
ST., BALT rtificate b physicia on papers. emoval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	BY. (O)	CUA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. After this certificate has been sign os the burlot-tronsit permit. Then the hord Mental Hygiene pricit to be orked or them 18 shows ony injury or orked or them 18 shows ony injury or orked or them 18 shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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SION OF V PHYSIC IAR ending ph this certifin de buriol-tr and Mental II d or Item I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION DING PH or offer the e os the loith and morked o	2	AT WORK AT WORK	(AT HOME, STREET, PACTORT, OFFICE,	ARM, ETC.)	CITORIONA	STATE STATE
0 0 4 9 0 E		22a I certify that (I) (this hospital)	ottended the deceosed from	7-25 1079	7_, to 10 -/	19 79, that (1) (we) lost
OR ATTEN e hospitol DIRECTOR oched for ur Dept, of He		obove, (f) (wn) (did) (did not) v	new the body after death.	DEGREE	death occurred on the date o	nd hour and from the causes stated 22c. DATE SIGNED
		2 May	and	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10-1-30
TO HOSPITAL retoined by the TO FUNERAL should be detined with the Store with the Store		22d PHYSICIAN'S NAME (TYPE OR PR	RINTI PTINEZ-041	220 ADDRESS 300 /	S. HANDO	VER ST
IMP With	23n			NAME OF CEMETERY OR CREMATORY	1736 LIGE ATION	
7534BP		DUKIAL	10-3-79 N	EW CATH CEM	10+ DALTO.	Cottle MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR HAME LEV F.H.	6601 FREI). AVE. BE. DW	TELLEC V. BEZREGETRAR 25b. F	REGISTRAR'S SIGNATURE

CTATE OF MADVIAND



FOR

REGISTRAR

- STATE

DECEASED NAME 20. DATE OF DEATH 7h HOUR BAR BOUL 9001 HILDA 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY POST OFFICE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (our) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED (SPECIFY) BP DHMH - 16 50M 1/76 (VR A 15 (4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

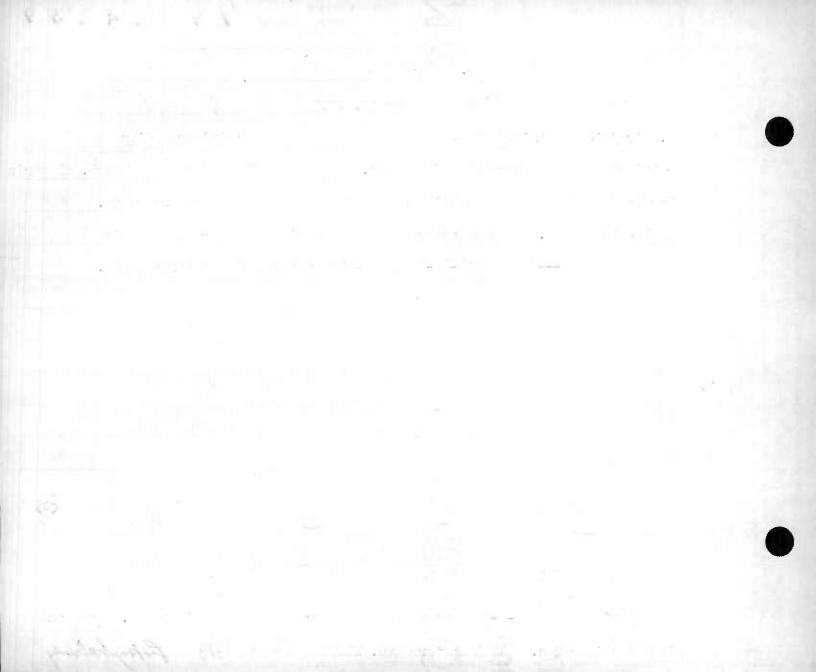
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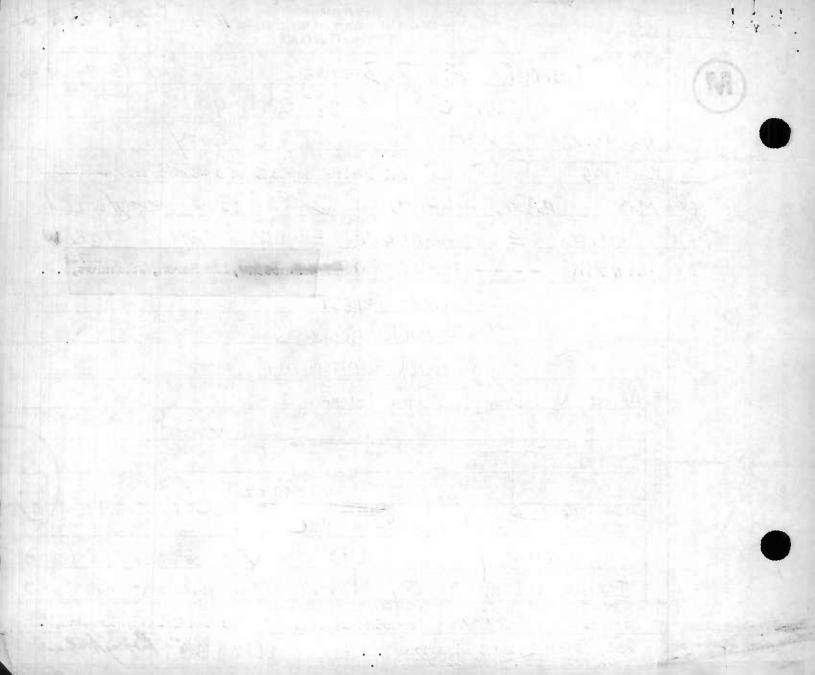
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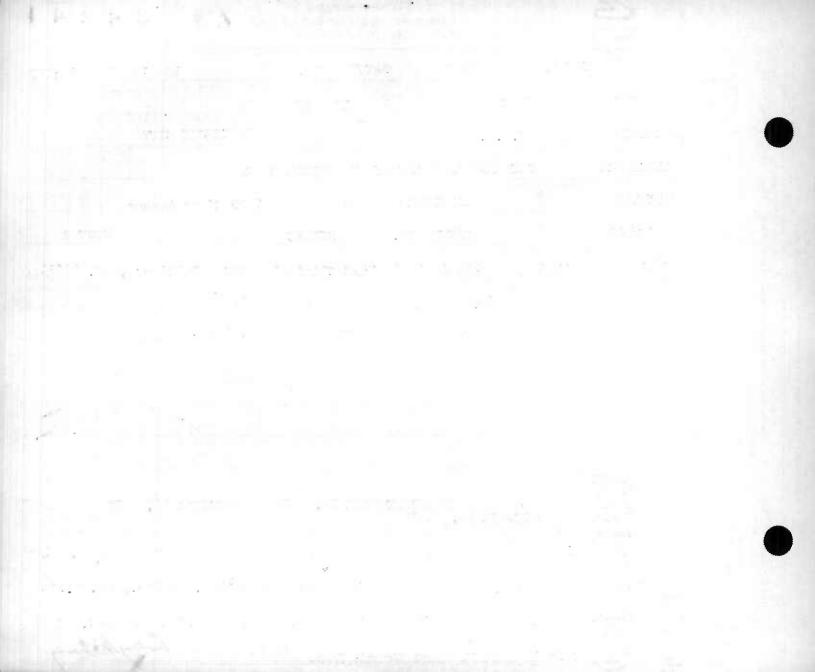
CERTIFICATE OF DEATH

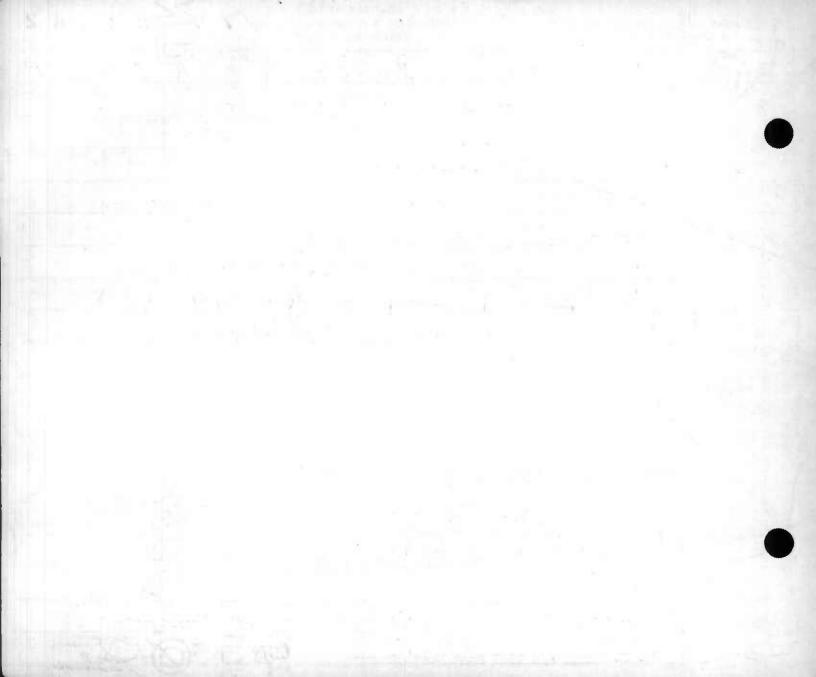
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	1 -	FOR STATE REGISTRAR		DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	SIENE 7 9	2 4	2 3 9
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C	3 SEX	Female	4 RACE White	5. DATE C		4. AGE JIN YEARS LAST BIRT	MONTHS DA	
De Se	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Virginia	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED DIVORCED	Baltimore City o	R COUNTY OF DEATH	
P S	10 CI	TY OR TOWN OF DEATH Itimore	11. NAME OF HOSPITAL IF NOT IN SUCH FACELITY, Church Hos	L, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATE ITYPE OF WORK FOR MOST O Inspector	ON 126. KIN	
135	13a. S	RESIDENCE IN NURSING HOME OF TATE 136 COUNTY	NTY 13c CITY	ence before admission) OR TOWN timore	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	tbrook Ave.	
300	14 FA	THER'S NAME H John P	. Pennyba	ıcker	15 MOTHER'S MAIDEN NA.		Landis	LAST
medical		(AS DECEASED EVER IN U.S. AF ES, NO ORUNKNOWN)	E WAR OR DATES)	140-3592	John Barton	6914 Eastl		4
at ony injury, or other t	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION NONE		TING TO DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USED SES OF DEATH?
on 18 Mo	27.2	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUR	YES NOXX	YES THE PART TORPART	NO
red or a	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	!Y	211 LOCATION STREET	CITY OR TOW	vn county	STATE
hem 21 is mar		22a. I certify that (I) this hasp saw the deceased alive ar above, (I) two (did no 22b. SIGNATURE	10-6 at) view the body after dea	19 <u>79</u> ar	DEGREE	, to10 death occurred on the do	ate and have and from t	TE SIGNED
IMPORTANT. III	23a B	JOSEPH MA	NP PRINT) AC MAHON 23b. DATE	23c. NAME OF C	100 N BROAD	CH HOSPITAL WAY BALTIMO	CORPORATION MARYLAN	ID 21231
-16 20M	24 FU	PECAN Burial NERAL DIRECTOR NAME & Zeiler In	10-9-79		n Cemetery	E REC'D. BY REGISTRAR		





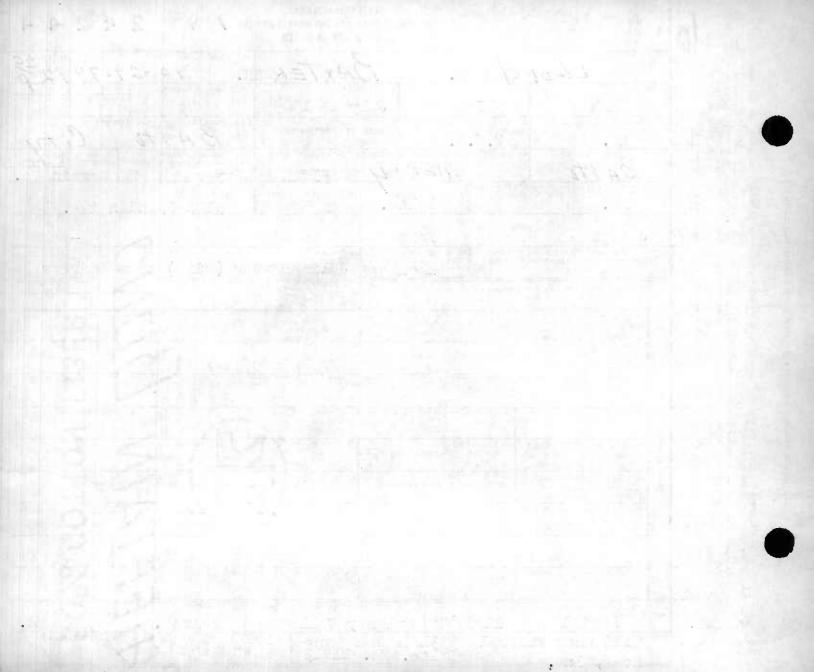


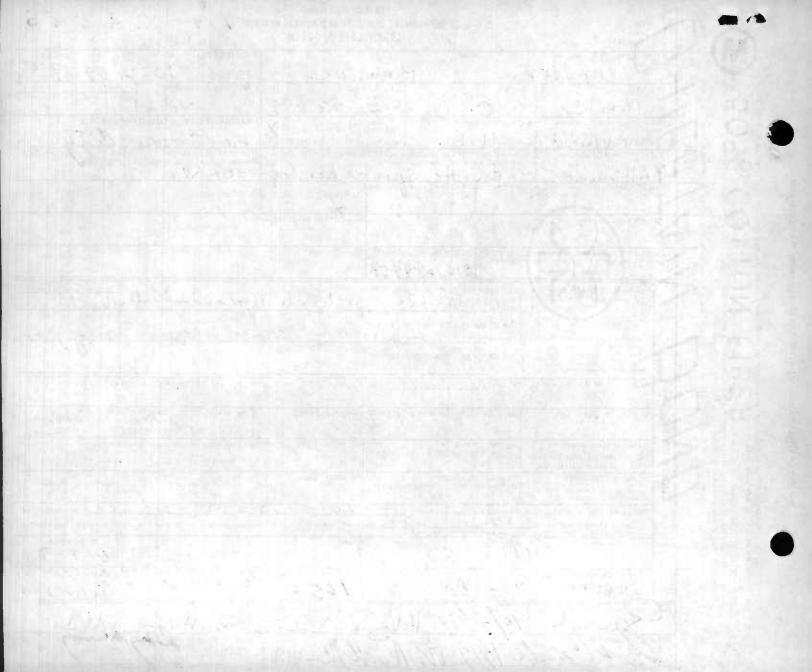


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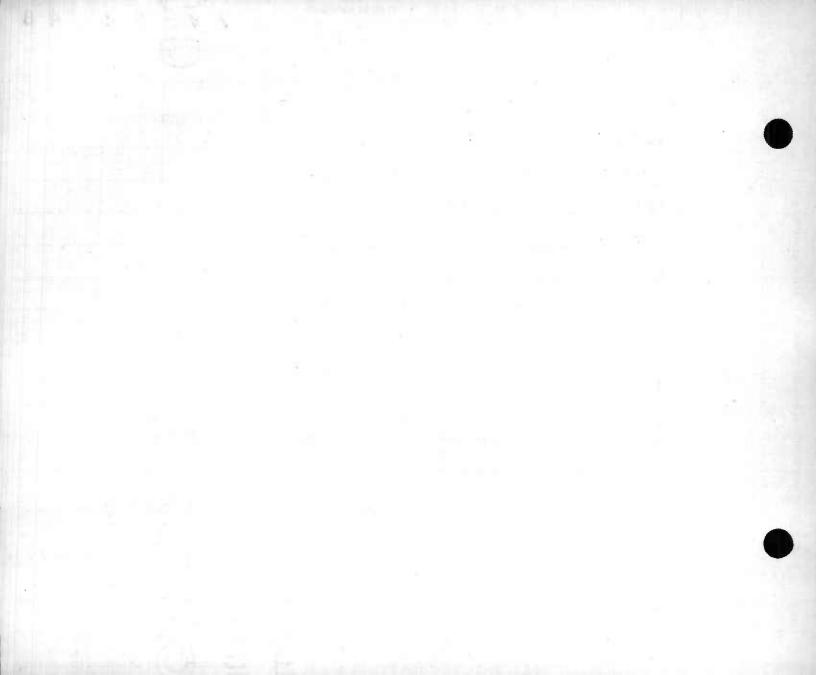


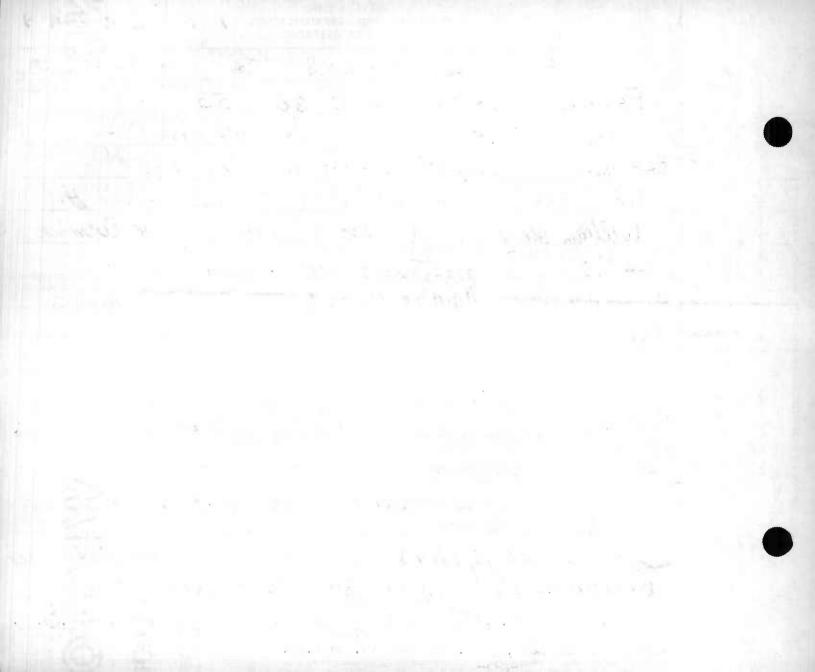
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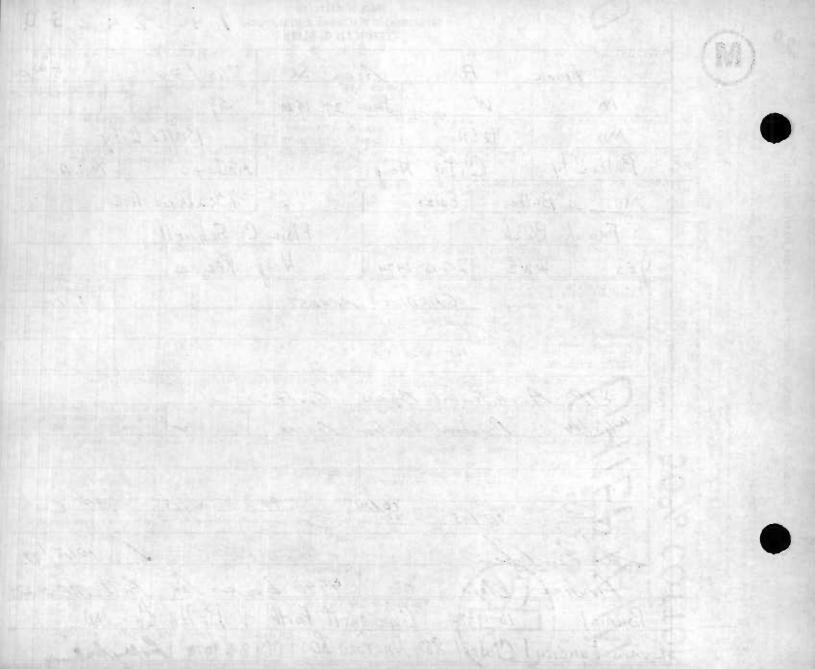
- 6	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 21217
B. 2	STATE CERTIFICATE OF DEATH	7 6 7 6 7 /
WI)	CEASED NAME FIRST O MIDDLE LAST Ze DATE OF DE	REG. NO. ATH MONTH DAY YEAR 2h HOUR
1	(ELEANOR) FLENORA BEA OCTOBI	ER 07. 1979 03:29A
P P	A RACE S. DATE OF BIRTH & AGE (IN YEARS	LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS
Dec	Female Negro 6 15 1913 66	YRS DAYS HOURS MIN
	RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?	CITY OR COUNTY OF DEATH
83	Virginia U. S. A. WIDOWED DNORCED BALTII	MORE CITY MD.
3	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPANTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13. NAME OF HOSPITAL 12. USUAL OCCUPANTION (IT YE OF WORK FOIL OCCUPANTION) (IT YE OF WORK FOIL OCCUPANTION) 13. USUAL OCCUPANTION (IT YE OF WORK FOIL OCCUPANTION) (IT YE OF WORK FOIL OCCUPANTION) 13. USUAL OCCUPANTION (IT YE OF WORK FOIL OCCUPANTION) (IT YE YE OCCUPANTION) (IT YE	CUPATION 12h. KIND OF BUSINESS OR INDUSTRY
25	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 1815 F 1815 F	oress Cast Biddle Street
	THER'S NAME 15 MOTHER'S MAIDEN NAME	
E	Noah Crockett Nancy	Wiggins *
1	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ES, NO ORUNKNOWN 18 YES, GIVE WAR OR DATES)	ADDRESS
1	217-20-9857 John Bea 1815 East E	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH WAS CAUSED BY LARDING STANDSTILL	
5	DUE TO, OR AS A CONSEQUENCE OF	
43	Conditions, if any, which (16) ANONIC BRAIN DAMAGE	
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	EVALUE OF A SUBSECTION
	underlying cause last. (c) MYOCARDIAL INFARCTION + CARDIAC	ARCEST
1000 1000	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)
T	DIABETES Mellitus, HYPERTRUSION, ACUTE TUBLIA	
-	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPS	Y? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
\leq		YES NO
7	210, ACCIDENT WAS UNDERLYING 7216, TIME OF INJURY OR CONTRIBUTING 7 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	OF INJURY IN ITEM 18, PART 1 OR PART 2]
	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK CIT.	Y OR TOWN COUNTY STATE
	22e I certify that (I) (this haspital) attended the deceased from	(9
	saw the deceased alive an OCT 19 79, and that in (my) (aur) apinian death occurred a above, (I) (we) (did) (did nat) view the bady after death.	n the date and havr and from the couses stated
	276 GIGNATURE DEGREE	224. DATE SIGNED
	Dominia a. Lindow M.D. ATTENDING MEDICAL DIRECTOR	STAFF PHYSICIAN 10-7-79
1	774 PHYSICIAN'S NAME (TYPE OR PRINT)	mys Hoseurl
—	SURIAL CREMATION REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1234 LOCATIO)N
	Burial 10/13/79 King Memorial Park Baltir	nore Co., Maryland STATE
	JNERAL DIRECTOR 1250. DATE REC'D. BY REGI	ISTRAR 256. RESISTRAR'S SCHADURE
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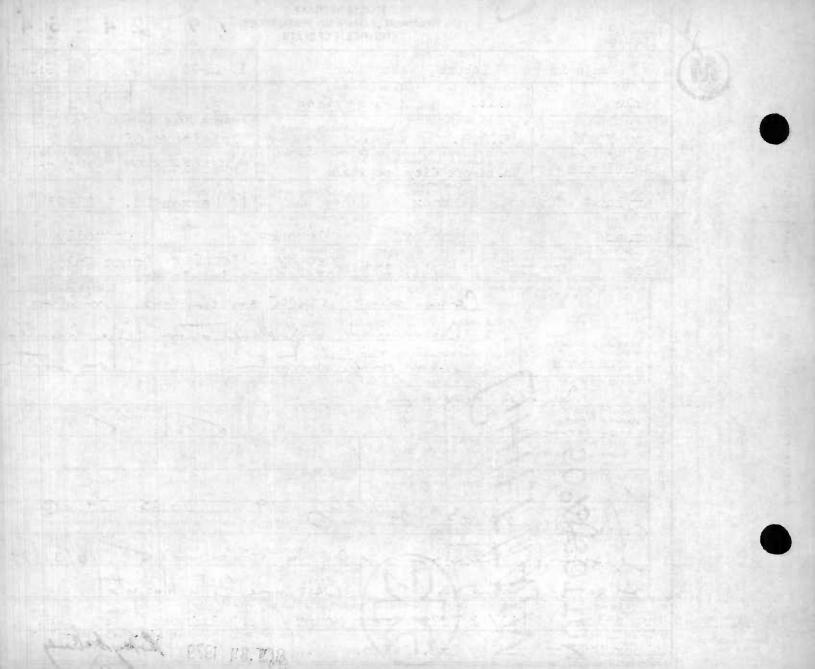
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0	(IM)		CEASED NAME FIRST	A.	LAST	6 Sx	28. DATE OF DEATH MON	NTH DAY YEAR	26. HOUR 5 45 PM
	offer p	3. SE	X M	4 RACE	5. DATE OF BIRT	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR	R IF UNDER 24 HRS
	h. Page al direct 2 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIED	27 /920 NEVER MARRIED [9. BALTIMORE CITY OR C	OUNTY OF DEATH	
	the funeral d within 72	10. ⊂	ITY OR TOWN OF DEATH	USA	, NURSING HOME OR OTH	DIVORCED THE INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	MA KIND	MD. OF BUSINESS OR
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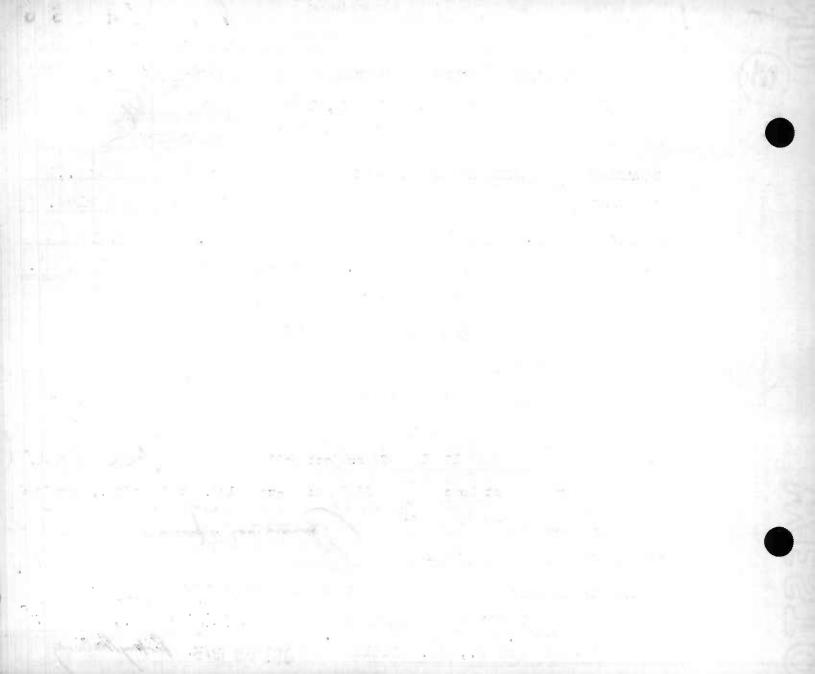
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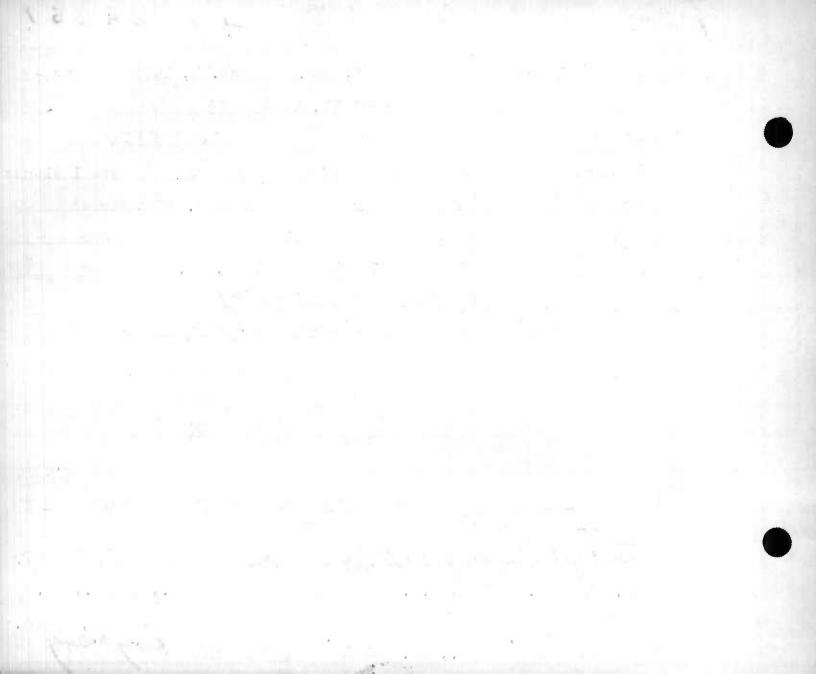




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DIVISION	G Pl	P e d	2	WHILE AT WORK	E 🗆	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC.)	SINCE		CITORIOWN	COUNT		STATE
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	OR ATTEN OR ATTEN DIRECTOR	2 1 is	123	sow the deceased obove, (I) (we) (did	olive on_	Cetar	12 19_	79.01	nd that in (my) (our) opinion	death occurre	d on the date on	nd hour and from	m the causes	stoted
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		=		h	Mes	in	in	1	ATTENDING PHYSICIAN I	MEDICAL	STAFF PHYSICIAN	X	ct 1.	3/979
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	retor	¥-	23a F	BURIAL, CREMATION, RE		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOC				7.70.
	BP	1	- (SPECIFY) Burial					on National Cer	CITYC	lington	COUNTY	Virg	inia
	DHMH - 16 50M 7	777		UNERAL DIRECTOR C	11-1	1/1	milas	-	25a. D.A.	FAFF D BY	E 10 70 256. R	EDELPAS SI		ody
	(VR A 15 (4))		n	emaine Fune	aral H	ome	Alexandr	ia. Va		MGD T 8	1010		1	/
			1	VALLEY A WILL	- a cont dd	- CALLO	- ALVIEUMAL							

SCHOOLER 12, Take 10 /11:	Q45 SER	gi vethou grant	RAID CIAN
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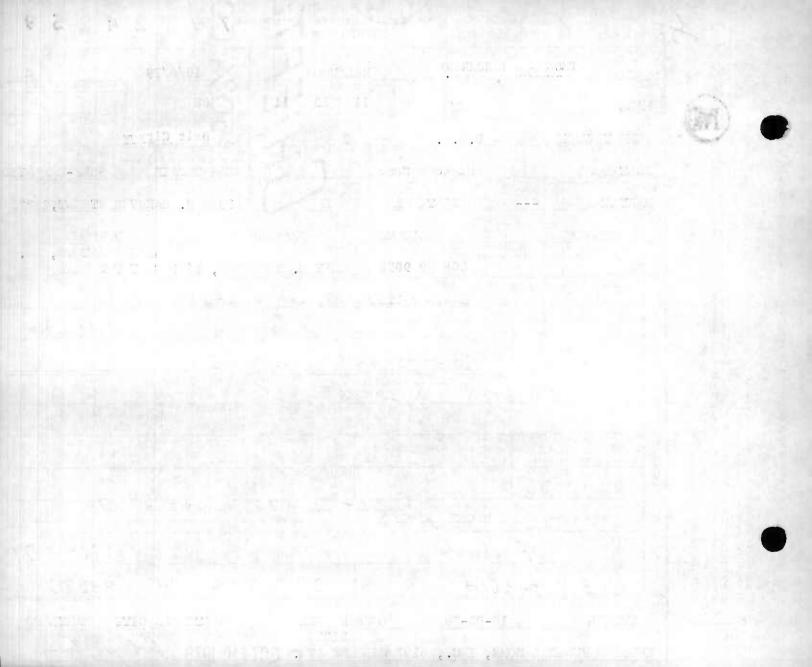


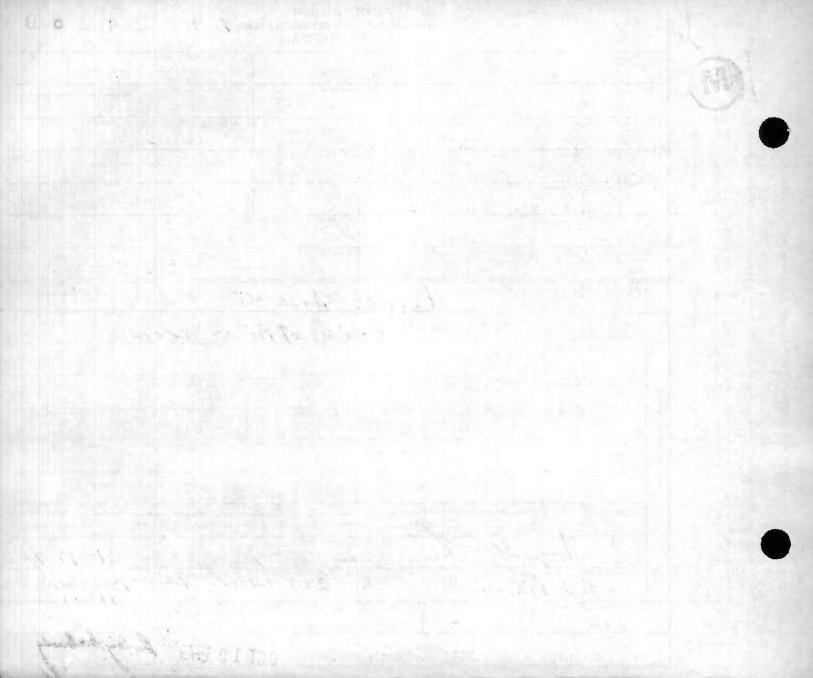


1 - S	FOR STATE		STATE OF MARY IT OF HEALTH AND AMINER'S CERT	MENTAL HYGIE	ATH	2 4 2 5	8
	REGISTRAR EASED NAME FIRST	MEDICALEA	AMINER S CERT	IFICATE OF DE	REG. N		7b. HOUR
	OR BRUST	nklin	Bella	amy	26. DATE KNOWN 3 OF ESTI- DEATH MATED		ZB HOUR
3. SEX	ale black		GE (IN YEARS IF UNDER 1 ST BIRTHDAY) MONTHS DA		PRONOUNCED DEAD	MONTH DAY YEAR 10 24 19 79	12:40
FOR	RTHPLACE (STATE OR EIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	T G M
	th Carolina	U. S. A.	WIDOWED C	TITUTION 12a. U	Baltimore SUAL OCCUPATION (T) OR MOST OF WORKING LIFE)		MD.
HISHAI	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET A UNIVERSITY HO	•	100	R MOST OF WORKING LIFE)	OK INDUSTR	(1
13a, ST			OWN 13d IN		REET ADDRESS 623 Beryl	Avenue	
14. FA	THER'S NAME	MIDDLE LAST	15. M	OTHER'S MAIDEN NAM		LAST	
16a. W	Henry AS DECEASED EVER IN U.S. ARA		4	Maggie FORMANT	ADDRES	Lewis	
(YES	No			ois Bella	my 2623 B		
	PART I DEATH WAS CAUSE		of Cervical	spine W	ith compli	APPROXIMATE BETWEEN ONSET	AND DEATH
12	8121	DUE TO, OR AS A CONSEC		opine			
	Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b)	JENCE OF				
	lying cause last.	(c)					
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO	THE TERMINAL OISEASE OR CON	IOITION GIVEN IN PART 1 (a).		(Parti	Lal)
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PER	RFORMED?		20. AUTOPSY?	
ERT	216. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW IN	JURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 1	YES XX	no 🗆
3	UNDERLYING TO CAUSE OF I		19 /9 passe	enger in fl	atbed truck	in collision	
MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.) roadway	STREET		city or town thOfRoute60	COUNTY 04,PrinceGeo C	STATE
		e af the remains described above, he		(Partial)		and in my apinian	,0,121
	death resulted fram: Natur	of auses . Accident X			etermined manner	,	
	ACTUAL SIGNATURE	Juay		LE (SPECIFY) Sistant ME	DICAL EXAMINER	DATE 10/24/	79
3	EXAMINER'S NAME HOT	mez R Guard, M.D	•ADDRE	111 F	enn Street	Balto.,MD 21	201
23a.BU	RIAL, CREMATION, REMOVAL 2 ECIFY) Burial		OF CEMETERY OR CREA	MATORY 23d. I	LOCATION	COUNTY ST	ATE
	NERAL DIRECTOR	10/29/79 Arb	utus Mem.			aryland	
	NAME NAME	ADDRESS		OCT 2 5	1979	ISTRAR'S SCHANURE	

The state of the s in the mount is the regime to the period and

-1-	STATE REGISTRAR			DEPA				0.	4 2	5 9
1. DE	CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
		THOMA	S	Α.	BE	LLUOMO	10/6	/79		AM
3. SEX	(4 RACE	THE Y			6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
			WH	ITE	11	23 11	68	YRS.	ONTHS DATS	MOUNS MIN
7a BI	RTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
			U.	S.A.				E CITY		MD.
10 CI	TY OR TOWN OF DEA	TH				R OTHER INSTITUTION				F BUSINESS OR
			M	idtown						-EMPLOYED
13a. S	AL RESIDENCE (IF NURS					1134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
				BALTIM	ORE	YES X NO 🗆		HANOVER	STREE	ET,21225
14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N			1.45	
	ROCCO			BELI	LUOMO	FRANCE	S			
				166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR	ESSRANDA	LLSTOW	IN, MD.
	NO			208 09	9898 A	MARY M. BEL			OX ROA	\D
	18 CAUSE OF DEAT	H (Enter on	ly one couse per						BETWEEN	MATE INTERVAL ONSET AND DEATH
300	PARTI. DEATH W			CAUCDIO	RESPI	RATORY "	ORREST.			
1	1541		DUE TO, O	R AS A CONSE	QUENCE OF				10	14
			(b)	COR	CINOMA	OF RE	CTUM.		18	Mo.
7/	couse (o), statin	g the	DUE TO, O	R AS A CONSE	OUENCE OF _					
	underlying couse	lost.	((c)	MCTI	ASTAS	15 MULT	TPLE.			
7	PART 2 OTHER SIGN	HIFICANT (CONDITIONS CO				MINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	01
Į.					apo .					
FICA	19g DATE OF OPERA	TION	196 COND	ITION FOR WH	IICH OPERATIOI	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, IN CERTIFY	ING CAUSES	OF DEATH?
RTI						1	YES NO			NO 🗆
		-			DAY YEAR	ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
ICA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.		19					
WED					FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WO	RK .								
					7	T 1979	7 10 007	6 1		that (I) (we) lost
	obove, (1) (we) (c	ed alive on lid) (did no	t view the body		9, on	d that in (my) (our) opinion	death occurred on the d	ote and hour	and from the	couses stated
	27b. SIGNATURE	~	0/	·B	(/uspicu		22c. DATE	SIGNED
		12	Contract of the Contract of th	1670.		PHYSICIAN	DIRECTOR PHYSI	CIAN	OCT	8 17
	22d. PHYSICIAN'S NA	ME VYPE O	R PRINT)	T PHIS		22e ADDRESS				
	1. E.	6	ARCIF.	+		52 mg	KIRK S	T.	BAL:	07
23a B	URIAL, CREMATION,	REMOVAL	23b DATE	T	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
1	BURIAL		10-08	-79	LOUD	ON PARK				RYLAND
24. FU							TE REC'D, BY REGISTRAR	12 .		
Н		ERAL	HOME, I			ENS AVE. OC	T1 0 1979	bridge	7/435	rody
	1. DE (TYPE 3. SE) 3. SE) 3. SE) 6. CC P. 10. CC B. USU/130. S M. 14. FA	TO STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX MALE 70. BIRTHPLACE STATE OR FOR COUNTRY) PENNSYLVANT 10. CITY OR TOWN OF DEA BALTIMORE USUAL RESIDENCE (IF NURS 130. STATE MARYLAND 14. FATHER'S NAME FIRST ROCCO 160. WAS DECEASED EVER (YES, NO OR UNKNOWN) NO 18. CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNE CONCENTRIBUTING (IF EITHER, NOTIFY MEDIC.) 21d. INJURY OCCURE WHILE NOTIFY MEDIC. 22d. PHYSICIAN'S NA 230. BURIAL, CREMATION, (SPECIFY) BURIAL 24. FUNERAL DIRECTOR NAME	THOMA 3. SEX MALE 70. BIRTHPLACE STATE OR FOREIGN COUNTRY) PENNSYLVANTA 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OF 130. STATE MARYLAND 14. FATHER'S NAME FIRST ROCCO 160. WAS DECEASED EVER IN U.S. AR (YES, NOO RUNKNOWN) NO 18. CAUSE OF DEATH LENTER OR FOREIGN CONDITIONS, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT (IF THERE, NOTIFY MEDICAL EXAMINER) 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 270. Leertify that (I) (this hospi sow the deceosed alive on above, (I) (we) (did) (did no 272. SIGNATURE 273. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24. FUNERAL EXAMERATION 25. SIGNATURE 26. CONTRIBUTION 274. PHYSICIAN'S NAME PAPE OF 275. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24. FUNERAL EXAMERATION 25. SIGNATURE 26. CONTRIBUTION 276. PHYSICIAN'S NAME PAPE OF CONTRIBUTION 276. PHYSICIAN'S NAME PAPE OF CONTRIBUTION 277. SIGNATURE 278. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 279. BURIAL 270. REMOVED 270. REMOVED 270. REMOVED 271. REMOVED 271. REMOVED 272. REMOVED 273. BURIAL 274. PHYSICIAN'S NAME PAPE OF 275. SIGNATURE	THOMAS 3. SEX MALE 70. BIRTHPLACE STATE ORFOREIGN COUNTRY) PENNSYLVANTA 10. CITY OR TOWN OF DEATH 11. NAME OF STATE ORFOREIGN COUNTRY) PENNSYLVANTA 10. CITY OR TOWN OF DEATH 11. NAME OF STATE ORFOREIGN 130. STATE 130. COUNTY MARYLAND 14. FATHER'S NAME FIRST ROCCO 160. WAS DECASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH IENTER ONLY ONE COUSE DE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) OR CONTRIBUTING OUSE DOST. PART 2. OTHER SIGNIFICANT CONDITIONS COUSE OF STATE OR COUSE OR COU	THOMAS 3. SEX THOMAS A. 3. SEX THOMAS A. 3. SEX THOMAS A. 3. SEX THOMAS A. 4. RACE WHITE WHITE TO BIRTHPLACE ISTATE OR FOREIGN COUNTRY) PENNSYLVANTA 10. CITY OR TOWN OF DEATH COUNTRY PENNSYLVANTA 11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE SENDENCE 138. STATE MARYLAND 13. STATE ROCCO BELLI ROCCO BELLI ROCCO BELLI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH lEnter only one couse per line for (0), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSE COUSE (0), stoting the Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 170. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 211. TIME OF INJURY HOUR A.M. MONTH (IF THER, NOTEY MEDICAL EXAMINE) P.M. 210. INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 211. TIME OF INJURY HOUR A.M. MONTH (IF THER, NOTEY WEDICAL EXAMINE) 210. I CERTIFY MEDICAL EXAMINE) 210. I CERTIFY MEDICAL EXAMINE) 211. TIME OF INJURY (AT HOME, STREET, FACTORY, OFI AT WORK 212. I CERTIFY HOT (II) (this hospitol) ottended the deceosed from obove, (II) (well did) (did not view the body ofter death. 213. BURIAL, CREMATION, REMOVAL 213. BURIAL, CREMATION, REMOVAL 214. ENDERSAL DIRECTOR NAME ADDRESS ADDRES	THOMAS 3. SEX THOMAS A. BE THOMAS THOMAS	THOMAS THOMAS A. BELLUOMO SA. BELLUOMO SA. BELLUOMO SA. MARRIED NEVER MARRIED NEVER MARRIED TOURNEY NAME OF DEATH SA. BELLUOMO TOURNEY PENNSYLVANTA 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE USUAL RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE IS ACCOUNTY BALTIMORE IS MOTHER'S MADEN FREST ROCCO BO WAS DECEASED EVER IN U.S. ARMED FORCES? (IF NO OR UNMONOWN) IN OR OB 9 898 A MARY M. BEL BELLUOMO TO RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) TO RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) TO RESIDENCE (IF NURSHING HOME OR DITHER INSTITUTION) BALTIMORE IS MOTHER'S MADEN FREST ROCCO BO WAS DECEASED EVER IN U.S. ARMED FORCES? (IF NO OR UNMONOWN) IS MOTHER'S MADEN FREST NO DUE TO. OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER DUE TO. OR AS A CONSEQUENCE OF UNITED TO RESIDENCE OF INJURY (IF EMPLOYED AND AND AND AND AND AND AND AND AND AN	L DÉCEASED NAME REGISTRAR THOMAS THO	STATE REGISTAR R	STATE REGISTAR REG





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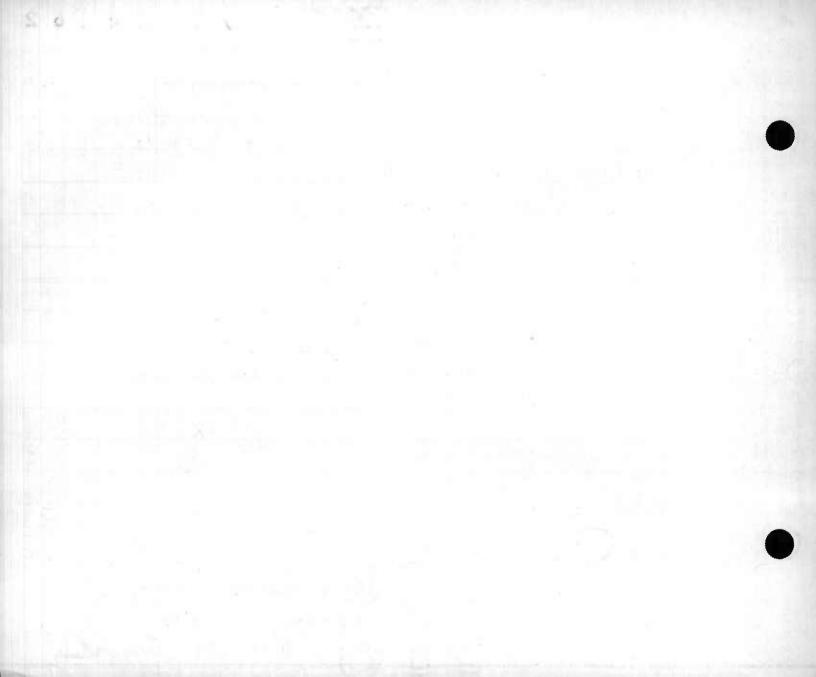
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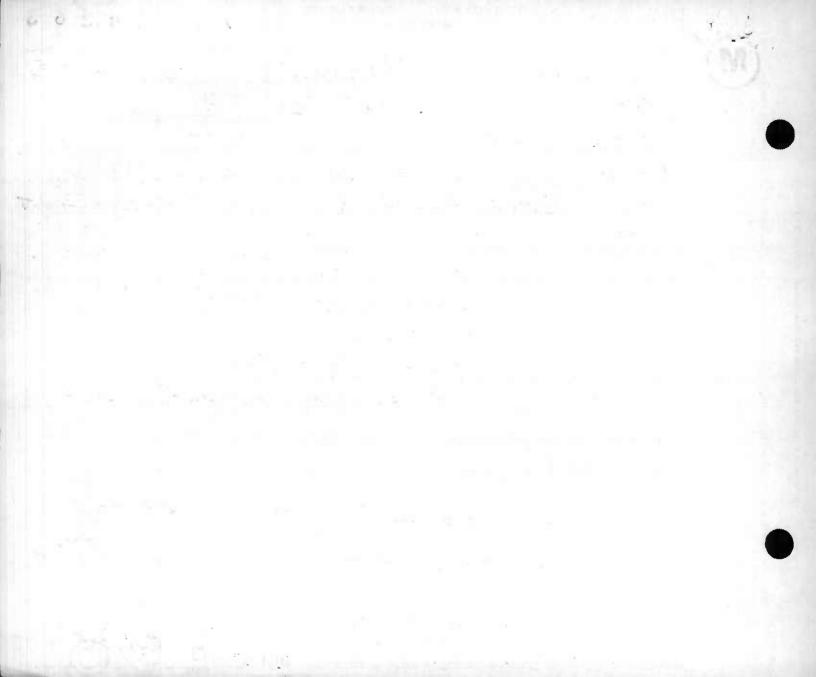
(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. MONTH YEAR 2h HOUR AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 MRS OAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY WILSON ADDRESS 2015 E. 20th Street PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE .. that (I) (aux) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE Taylor's Island, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wm C March F/H 1101 E. North Avenue



	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7	G REG. NO.	2 4 2	2 6 2
894 -		CEASED NAME ORPRINT)	FIRST		MIDDLE	·	AST	2s. DATE OF D	EATH MONT	H DAY YEAR	2b. HOUR
			KATHE	RINE	(nmi)	В	ERGERON		1	0-22-70	6.00nA
(M)	3. SE	x Female	4.3	Whit.	e	5 DATE C		6. AGE (IN YEAR		MONTHS DAYS	HOURS MIN
18 (3) 4	1	IRTHPLACE (STATE OR FOR OUNTRY) Maryland	EIGN 7b	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	DINEVER MARRIED	Balti	CITY OR CO	OUNTY OF DEATH	MD
by the further monthing of	10 C	TY OR TOWN OF DEAT Baltimore	-	NAME OF	HOSPITAL, NURSING HEACHITY GIVE STREET, Ch HOSPI	ADDRESS 1,	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WOR	12b. KIND C	OF BUSINESS OR
filled in could be	USU 13a.	AL RESIDENCE (IF HURSINSTATE) Md.	GHOME OR OTH 36. COUNTY Harfo	er institution	13c. CITY OR TOW Edgewood	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	134. STREET AD	_{DRESS} Longw	ood Ct.	21040
completely 1 and 2 sh	14. F/	ATHER'S NAME FIRST Henry	MIDE		Birch		15. MOTHER'S MAIDEN N FIRST Veronic		MIDDLE	Berto	
Poges medic		NAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMEI (IF YES, GIVE WA		215.09		John R. B	ergeron	ADDRESS		MATE INTERVAL ONSET AND DEATH
aquies into the attending physicio in signed by the attending physicio. Then please remove carbon popers: to buriol, cremation, ar removal injury, or other troumatic event, the	NO	Conditions, if ony, gove rise to imme couse 101, storing underlying couse	which diote the lost.	DUE TO, O (b) DUE TO, O (c) W		NCE OF NCE OF	ADENO-CARO	BONE /	ND L	E LUNG	
os been os perior de prior	CERTIFICATION	19a DATE OF OPERATION				OPERATIO	N WAS PERFORMED		io X	IF YES, WERE FINDI CERTIFYING CAUSES YES [NGS USED S OF DEATH?
certificate horial-transit pental Hygiel	MEDICAL CE	216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH		DE INJURY .M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
After this e as the bu	MED	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	· 🗆	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		TY OR TOWN	COUNTY	STATE
hospital or IRECTOR: A lead for use lept. of Health me		220 I certify the first own the discount of th	plive on did not) vi	ottended the local of the local	ofter death.	79 01	nd that in (my) Cur) opinion		n the date or	nd hour and from the	that (I) colost couses stated
ERAL D		22d. PHYSICIAN'S NAA	AE (TYPE OR PRI	ye	er ch	-	ATTENDING PHYSICIAN	MEDICAL DIRECTOR D			/22/79 MOTTA
TO FUNERAl should be de with the State	23a s	DR. A GI		ECO	73, N	IAME OF C	t e	ADWAY B	ALTIM		ARYLAND31
BP	É	Surial UNERAL DIRECTOR					vridge Mem	Pk Elk	ridge	COUNTY I	Maryland
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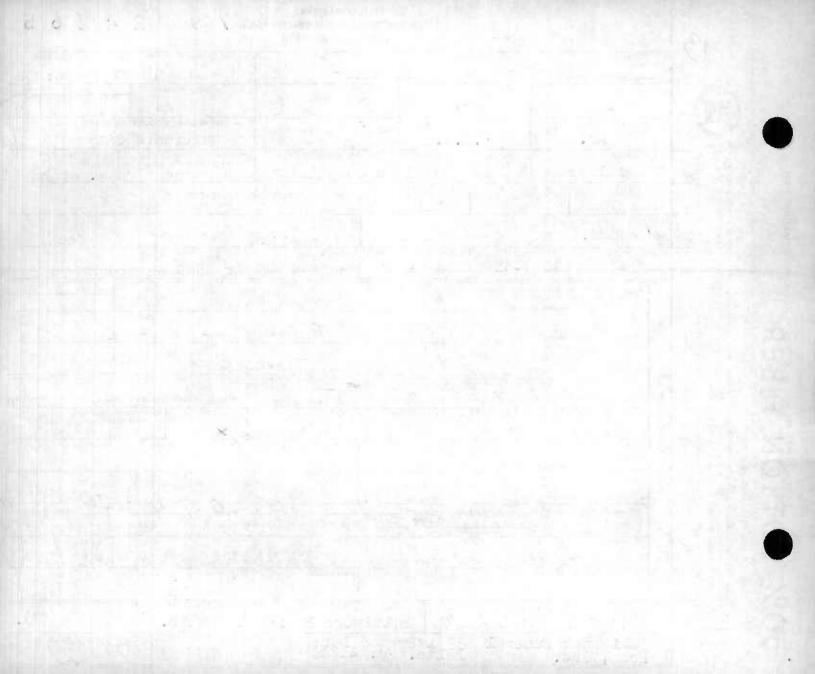


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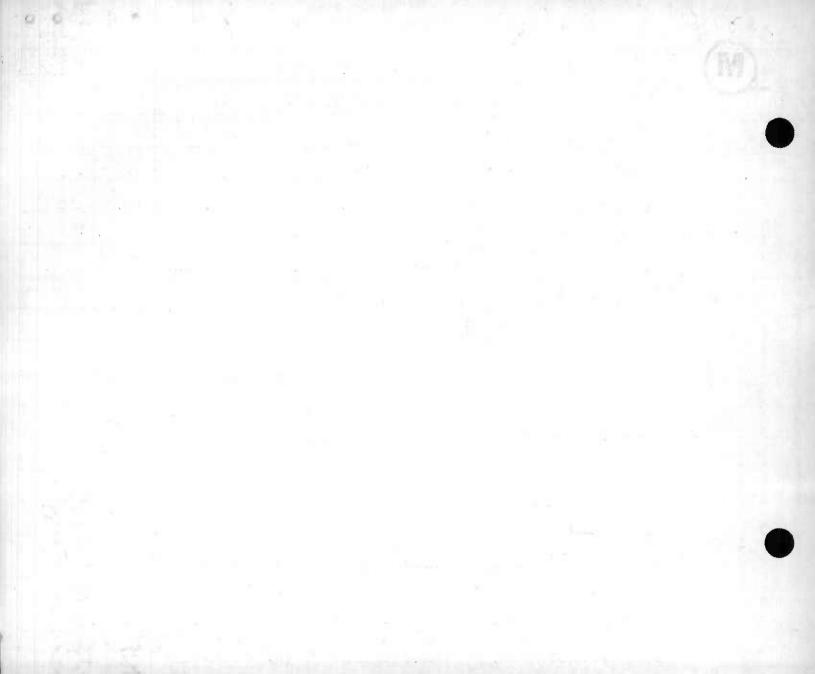
Home, Inc.

STATE OF MARYLAND

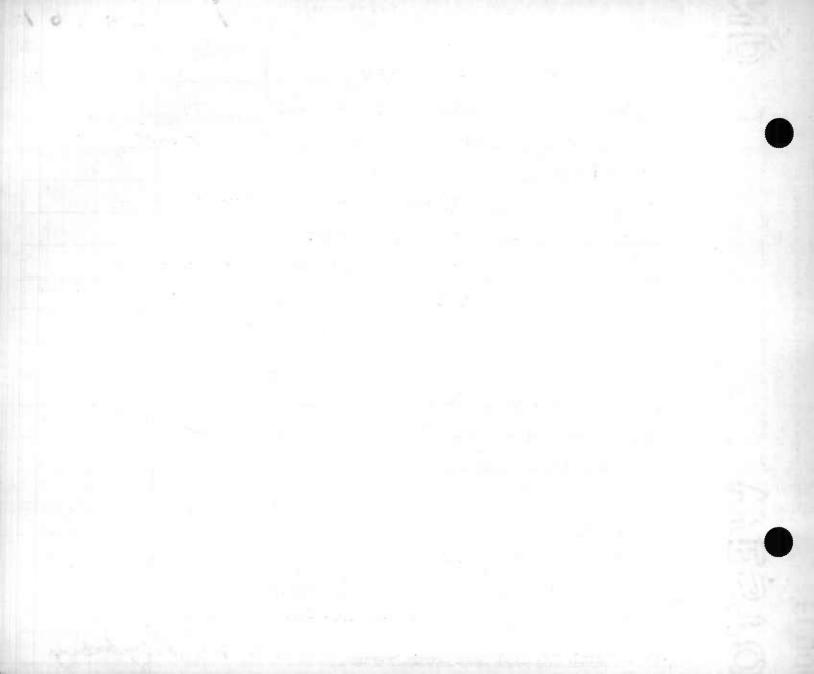
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



- 4	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	EALTH AND MENTAL HY ICATE OF DEATH		24	2 6 6
1,		CEASED NAME	WST	MIDDLE		AST	REG. N	O. MONTH DAY YEAR	2b. HOUR
)	(TYPE	OR PRINT)	IARRY	B	ETZ ,	PETYX NETRIXX		10-18-79	9:30px
-	3. SE	x MALE	4 RACE WHIT	E	5. DATE C	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	6. AGE (IN YEARS LAST BIR 76	MONTHS OAYS	IF UNDER 24 HRS
33		RTHPLACE (STATE OR FORE)	GN 76 CITIZEN OUS.	F WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED C	BALTIMORE CITY C	R COUNTY OF DEATH	MC
35		TY OR TOWN OF DEATH		RCH HOME	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O DEPT . PUBL]	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
25	13a		HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS?	13r. STREET ADDRESS		
2		MARYLAND ATMER'S NAME FIRST	WIDOLE	LAST LAST	RE	YES XXX NO	213 S. DU	L	#21231
00	160.	SIMON VAS DECEASED EVER IN	IS A DAVED EODCES	BETZ	DITY NO	LENA 17 INFORMANT	ADDR	SCHRUI	VK .
1	- (YES, GIVE WAR OR OATES)	215-05-1		SAMUEL B. BI		ROSS COUNTRY	BLVD.
		18 CAUSE OF DEATH (Enter only one couse p CAUSED BY MEDIATE CAUSE (o)_	er line for (a), (b), one		REST		BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	z		liote the lost.	OR AS A CONSEQUE HYPERTEN	NCE OF SION	ULAR ACCIDE			DAYS
7	CERTIFICATION	19a DATE OF OPERATIO	N 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
9	_	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21R PLAC	E OF INJURY STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		226.1 certify that (I) (I) sow the deceased above (I) (See) (did	is hospital attended plive on 10-1	the deceosed from	70	08- 19 79 nd that in (my) 600 opinion			that (I) lost couses stated
T. H Rem		226. SIGNATURE	Survel	on The	nn	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 10	118/79
IMPORTANT:		DR. K. S	S SHENOY			100 N, BRO		HOSPITAL TIMORE, MA	
<u> </u>	23a.	BURIAL, CREMATION, RES				EMETERY OR CREMATORY NEISEN	23d. LOCATION CITY OR TOWN ROSEDALI	E BALTO.	STATE MD
H-16 20M 5, 4) 7/78	24 F	UNERAL DIRECTOR SU	L LEVINSON	& BROS.,	INC.	250 DA		25b. REGISTRAR'S SIGNA	



13	1.	FOR STATE		DEPART	MENT OF H	EALTH AND A	MENTAL HYG	IENE 7	9	2 4	2	6
e 2.€		REGISTRAR CEASED NAME FIRST FOR PRINT)		IDDLE	D-	AST		20 DATE OF DE				HOUR
A AA	3. SE	X JAME	4 RACE	Α.	S DATE O	FBIRTH	YEAR	6 AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER		UNDER 24 HI
LIANA	7. 0	Male IRTHPLACE ISTATE OR FOREIGN	BL	ACK	8	4	1905		74 YR	5		JURS M
in 72 h		OUNTRY)	U.S.	WHAT COUNTRY?	MARRIE	D NEVER A	AARRIED	1 BALTIMORE	LT IRRUY		こエアソ	
by the fur filed with	10 C	BALT MUYE	11. NAME OF H	FACILITY, GIVE STREET			ITUTION	12a USUAL OCC (TYPE OF WORK FOR			(IND OF B USTRY	USINESS
filled in by ould be fill	130	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland	OR OTHER INSTITUTION, O		/N	13d INSIDE C	ITY LIMITS?	13e STREET ADD 5718 E	RESS Bland Av	zenue		
pletely nd 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE 7	Bey,	Cr		MAIDEN NA		DOLE		LAST	
nd com	160	James WAS DECEASED EVER IN U.S. 1 YES, NO OR UNKNOWN) 1 (18 YES, C	ARMED FORCES?	166 SOCIAL SECT		17 INFORMA			ADDRESS			
o DD E	L	NO NO	INE WAR OR DATES	223-14-	4064	Abbie	Willia	ams 5718	Bland A			
is that the death certificate bed by the attending physicial lease remove carbampapers inal, cremation, or removal or ather traumatic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause per l SED BY IATE CAUSE (0)	ine for (a), (b), or	Mult	iple M	yelmz			BE	Z 4	ET AND DE
attending ove corb tion, or r		2030	DUE TO, OR	AS A CONSEOU	ENCE OF	,					/	
y the att ie remove cremation		Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR	AS A CONSEOU	ENCE OF							
9 5 2 5	_	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN P	ART 1(a)	
been signimit. Then prior to bu	ğ	Uppre	161	Bleed	0.050.110			The second	- Tee: 15:	150 141505		
	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH	OPERATIO			YES NO	IN CER	YES, WERE TIFYING CA YES	AUSES OF	
Phys phys fico fro fro fro fro fro fro fro fro fro fr		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M	A. MONTH D	AY YEAR	21c HOW IN	JURY OCCURI	RED JENTER NATURE	OF INJURY IN ITEM	B, PART I OR P	ART 2)	
ond ted	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O		FARM, ETC.)	211 LOCATIO	N	CITY	OR TOWN	COUN	iTY	STATE
- W V A		220 I certify that (I) (this has sow the deceased alive above, (I) (we (Idid)) did			-7	z6/79	aur) opinion	to death occurred on	/	19		(we)
		22b. SIGNATURE	1 1)	0	DEGREE AD	TTENDING	MEDICAL	STAFF	22c.	DATE SIC	NED
O HOSPITAL CE A stoined by the hos TO FUNERAL DIRECTOR Should be detached with the Store Dept MPORTANI: If hem		22d. PHYSICIAN'S NAME (TYPE	200	amone		22e ADDRES	1	1).			10 10	1.7
TO HOSP retoined I TO FUNE should be with the S	73e	BURIAL, CREMATION, REMOVA	MOND AL 1236. DATE	123,	NAME OF C	EMETERY OR C	heran	23d LOCATIO				-
GBP		Buria1	10/11/			emorial		CITY OF TOV	nore Co	. Mai	ylan	d
DHMH-16 20M	24. F	UNERAL DIRECTOR		ADDRESS				E REC'D. BY REGIS	TRAR 256. PES	ISTRAR'S S	GNATUR	E
(VRA 15, 4) 7/78	1	Wm. C. March F	/H 1101 E		h Ave	กมอ	UU	T8 197	9	1/6	(Bay	othy



m s	(TY	PE OR PRINTI MARGA	RET		T I	BLLI	NC	24. DATE OF DEATH	MONTH DAT	TEAR	ZB. HOUR
o o o		MARC		ET	(nmi) T	1	Md.	/	0 -11-	79	11 04
ê A	3. S	EX	4	RACE			OF BIRTH	& AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
4 (10)		Female		cauc	Lasion	MONT	- 28 - 00	79	YRS.	THS DAYS	HOURS MIN
00 1	70.	BIRTHPLACE ISTATE OR FOR	EIGN 7		WHAT COUNTRY?	I.		BALTIMORE CITY O		DEATH	-
E 2 6	4	COUNTRY OF A A A A A A A		45	4		D NEVER MARRIED	BALTO	[7]	10	T.
الم	_	MARYLAND CITY OR TOWN OF DEAT	H 1		7.0	WIDOW	DROTHER INSTITUTION	120 USUAL OCCUPATI	ON	13F KIND OF	BUSINESS OR
d v	/	BALTO	"		CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	V
201 File	4	DHLIU	1	Federa	- 11/4	NURS	NG HOME	XXXXXXXXXX	X HOU\$	EWIFE	
21 Poor		JAL RESIDENCE (IF NURSIN	IG HOME OF O	THER INSTITUTION Y	1. GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
ND 24	N	Maryland	Bal	to.	Essex		YES NO X	Dartfor	d Rd.	2122	21
tely 2 sh	- H. I	ATHER'S NAME					15. MOTHER'S MAIDEN NAM				
MAR w d w	7	FIRST	MI	DOLE	SWart	- 7	Lena	WIODLE	17	Reif	
E. A.	140	WAS DECEASED EVER IF	V U.S. ARM	ED FORCES?	166 SOCIAL SECU			ADDRE			
o o o o o o o o	51	(YES, NO OR UNKNOWN)	(IF YES, GIVE W		212-32-		Audrey B.	Krue 191	5 Waln		renue
A P P P P P P P P P P P P P P P P P P P		NO			212 32	6000	•	Dundalk.	Md 2	1222	
BAL Sore Soperation of the sore		IL CAUSE OF DEATH	(Enter only	one couse per	line for (a), (b), an		18T	1.			NATE INTERVAL NSET AND DEATH
Tiffe an ph an ph emo		PART I. DEATH WA	MMEDIATE		eneral	120	An eriosci	erosis		100	er?
S Cel		4720			R AS A CONSEQUE	NICE OF					-31
STO		Conditions, if any,	which	(*	A AS A CONSEQUE	IVEL OF	A PART OF THE REAL PROPERTY.			. (%)	
mo o d		gove rise to imme	ediate) . (6)_				The state of the s			
W # # A		couse (a), stating underlying couse	- the lost	DUE TO, O	R AS A CONSEQUE	NCE OF		A. 6	9 8		
or o				(c)							
S, 2	z	PAIT OTHER SIGNI	FICANT CO	NDITIONS CO	Par		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0	
low requested to the second second the second to the secon	CERTIFICATION	UN MAN	717016	paia,	Chronic						
EC on our	2 3	THE DATE OF OPERATE	ON	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	200. IF YES, W	ERE FINDING	OF DEATH?
ho ho						•		YES D' NO D	YES [NO 🗌
VIII. I Nysicale Constitutions of the Spirit	न हैं	. 210. ACCIDENT WAS UNDE	,	-236. TIME C			21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 10, PART	OR PART 2	1
DIVISION OF VIT	7 7	OR CONTRIBUTING CA			.M. MONTH DA	- 19					
NYSt Ing	MEDICAL	214 INJURY OCCURRE			OF INJURY	. 19	211 LOCATION				
ISIC PF	- X	WHILE NOT WHI	₩ ∏		REET, FACTORY, OFFICE, F	ARM, ETG.)	STREET	CITY OR TOW	IN .	COUNTY	STATE
DIV Strong		PAT WORK - AT WOR	-02	-		Do	1 10 00	7771	/-	76	
Neo Se		220.1 certify that (1) (- /	lightended th	ne deceased from -	De	. 17	10 000			hat (1) (we) lost
CTC for of		"sow the deceased obove_(l)(%e)(84	d (and not)	view the body	ofter death.	, 0	nd that in (my) (our) opinion o	death occurred on the do	ate and hour or	nd from the d	ouses stated.
hed hed hed hed		226 SIGNATURE	2011	2			DEGREE		10.50 J	22c. DETE S	GNED .
the day		Jan 1	1//-	- Sins	imern	an	A) TENDING PHYSICIAN	MEDICAL STAP	F IAN T	10%	12/29
HOSPITAL ned by 1 SUNERAL old be det or the State	—	THE PHYSICIAN'S NA	ME LIVE DEP	96(0)	Pro to 1		122 ADDRESS	J DIRECTOR CONTINUE			
P. P. S.		1. 1/200	NAV.	-7:0	En sin diviron	11	10 3202 14	enford Al	Bal	Te -	.0
O HOSPITAL TO FUNERAL should be de with the Stott	-	1.009	1/64	11:1	The state of the	115.1	The word of		12461	in	rse.
		BURIAL, CREMATION, R	EMOVAL	236. DATE			EMETERY OR CREMATORY	236 LOCATION		YTA	STATE
BP	· I	Burial -	-	10/1	5/79 (oak I	Lawn Cemeter	y Balti	more	17.	Md

FOR

REGISTRAR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78 REG. NO

2b. HOUR

DAY

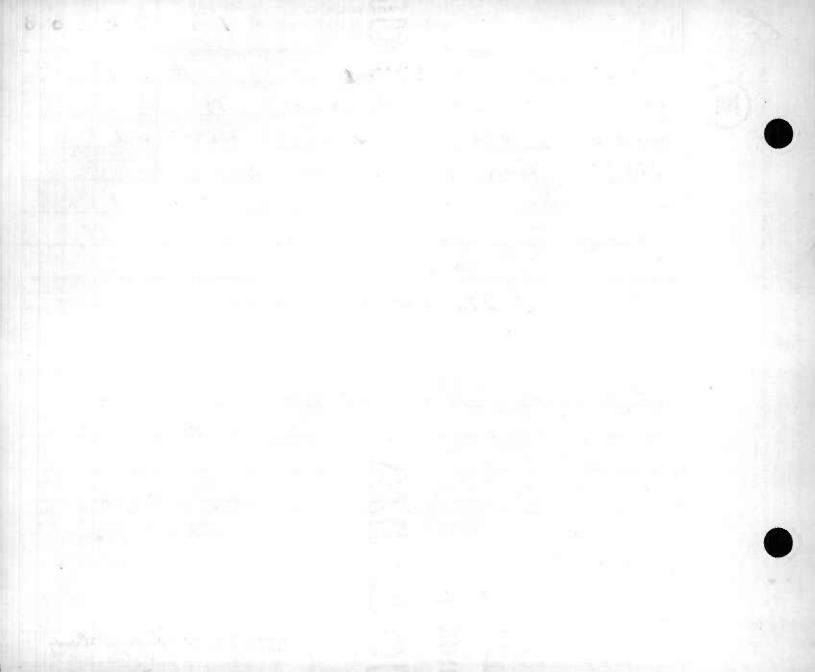
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

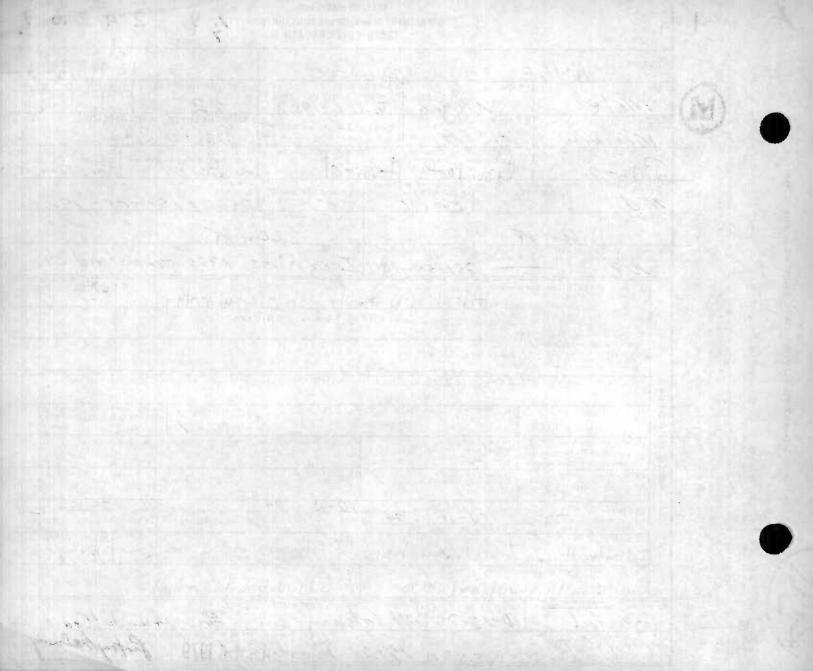
CERTIFICATE OF DEATH

Md.

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Dundalk, Md.



1		1		STATE OF MARYLAND	0 1 0 1 0
		1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE / 9 2 4 2 6 9
		Ι'	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
		1. DE	CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
9	75	(TYP	E OR PRINT)	Ringhamas	16 1279 7:034
37 k	0.0		VV////E	Milanmore	, in the state of
ž.	6	3. SE	· m/	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
90	F [90]		1114/6	1/e 900 Jan 6,1937	YRS.
8		7a. B	IRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
htos	10-		Virginia	U.S. H. WIDOWED DIVORCED	1 Balto City MD
70	24 8	10.0	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
- ofte	美女 進火	11	301.LD	IENOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
20	e	USI	AL PESIDENCE (IE MILITERIC HOME OF OTHE	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Laporer Macerrack
MARYLAND 2120	filled in avid be	13a	STATE 136 COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS
AND P 24		1/	id.	Balto- YES NO [2502ELSINOTE AVE.
3. F	2 sh	14. F.	ATHER'S NAME FIRST MIDD	DLE LAST FIRST	NAME LAST
MAR wed	aple ond		unh	(100)	en K
ZE, /	0 -	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
BALTIMORE,	Pages		YES, NO OR HINKNOWN) (IF YES, GIVE WA	D51-54-1139 Inez Ru	ss 1775 Homestead St.
LTIA be	, e		100 -		ABODAYIMAYE INDEBUGA
	of by of the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	one couse per line for (q), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z ST.,	g phys onpap emovo event,		IMMEDIATE C	AUSE (D) THE UNITED TO BEEN TO PROTECT	n (ephalaparky
Z o	din arb arr		5777	DUE TO, OR AS A CONSEQUENCE OF and Renal F	ailum
PRESTON he deoth o	ottendin ove carb tion, ar oumatic	1	Conditions, if ony, which	(b)	
PR the	+ 10 H		gove rise to immediate couse (a), stating the		
₹ 5			underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
201 es th	o sign		DART 2 OTHER SIGNIFICANT CON	VOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	EDWINIAL DICE ACE OR CONDITION CIVEN IN PART 1/2
	r signe Then p ta bu	Z	PART 2. OTHER SIGNIFICANT CON	NOTITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
DIVISION OF VITAL RECORDS,		CERTIFICATION	19a. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED	20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED
low low	n. nas bee permit. ne prio	2	190. DATE OF OPERATION	178 CONDITION FOR WHICH OFERATION WAS FERFORMED	IN CERTIFYING CAUSES OF DEATH?
At The	0 - 0 0				YES NO YES NO
× z	opphysical certificate rial-transitient Hyguentol Hyguentem 18 sho	U	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
N OF VI	ding physis certifica burial-trair Mental Hy or Item 18	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
SION	of A bu	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY 211. LOCATION	CITY OR TOWN COUNTY STATE
VISI	the the ond cond cond	3	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CHI OKIOWN COUNTY STATE
a N	ar atten Se as the solth ond morked		220.1 certify that (I) (this hospital)	nttended the deceased from 10-3 to 2	9 to 10-11 19-75, that (1) (we) lost
Z	- 4 - F - S		sow the deceased alive on	117-11 74	ion deoth occurred on the date and hour and from the causes stated
TA	5 0 C		above, (1) (we) (did) (did not) vi	ew the body after death.	
ő	DIREC ached Dept If Item		226. SIGNATURE	DEGREE ATTENDING	G MEDICAL STAFF
Į.	+ - + 0		Wimbon Itugh	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN
SPIT	FUNERAL old be detailed by the State		22d. PHYSICIAN'S NAME (TYPE OR PRI	INT) 22e ADDRESS	
9	ro FunERAl should be de with the Stat		WINSTONHUNGL	JILLAMI MD COPYOU	lated all drow
2	should with the IMPO	730		236. DATE 231. NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION
1/201	DD	250	(SPECHTY)	10 10 20 11/1	CITACONTOWN COUNTY SIAM
1000	BP	24 1	UNERAL DIRECTOR	10-18-19 11/t. Calvary (es	DATE REC'D. BY REGISTRAR 25b. REGISTRAL SIGNATUR
	H - 16 50M 7/77 VR A 15 (4))	24	NAME DIRECTOR	ADDRESS 1/1/3 - 8 1/1	COT 1 1070 Established
	11/2/2011		CalVIPD.SC	ruge, SDr. 17/2E. Fresto	W317/4 1919

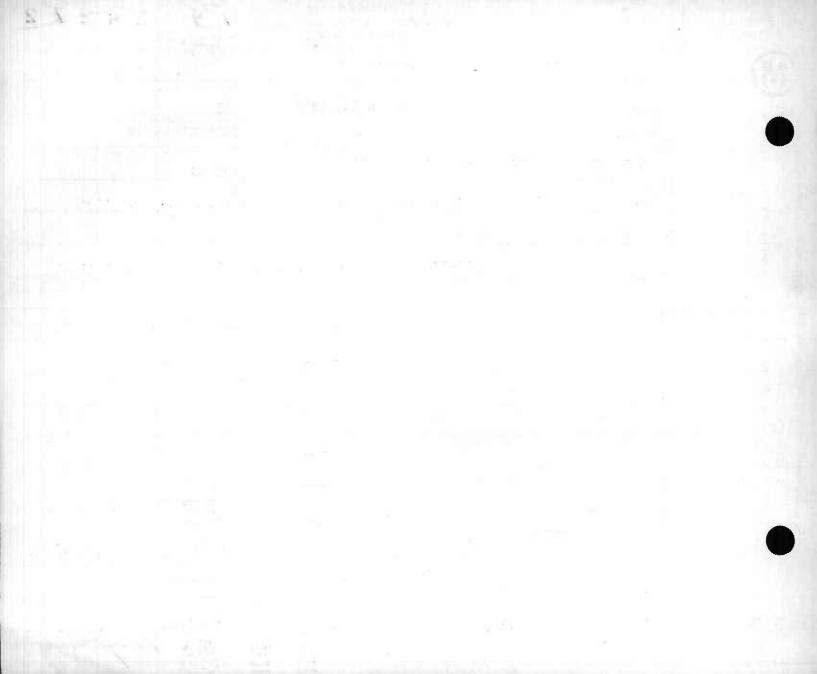


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(1/	1.	FOR - STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG FICATE OF DEATH		2 4 2	
W.	I DE	CEASED NAME FIRST	AIDDLE		AST	REG. NO.	DAY YEAR	26 HOUR
		(JESS			HOP, Jr.	10	30 79	6:04a
1 Marie	3 SE	X	4 RACE	5. DATE		& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
The state of the s		Male	Negro	MONT 9	22 1905	74 YF		HOURS MIN
4 51 6	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY?	D NEVER MARRIED	BALTIMORE CITY OR COU		
Jean 72 T		orth Carolina	U. S. A.	WIDOW		Baltimore (City	MD.
rs after of the furthing of th	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU IN NOT IN SUCH FACILITY, GIVE S JOHNS HOP	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
musi musi	USU	AL RESIDENCE I IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE E	SEFORE ADMISSION				
the death munder be either with the three strength of the tending by the tree trees and the trees the trees to the trees t		Maryland 136 COUR		imore	134 INSIDE CITY LIMITS?	13a STREET ADDRESS Last N	orth Avenu	1e
sho wit	14. F	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	14/	SI
C) 320 300		Jessie	most.		Mary	Model	Mi	les
3 3 3		WAS DECEASED EVER IN U.S. AR		ECURITY NO.	17 INFORMANT	ADDRESS		
a Bav å	1	TES, NO OK UNKNOWN) (IF TES, GIVI	E WAR OR DATES)	3-9020	Alice Bish	op1756 East	North A	venue
ent, in the second		LIL CAUSE OF DEATH (Enter of					APPROX BETWEEN	ONSET AND DEATH
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dea carl on,		1607	DUE TO, OR AS A CONSE	COLL	04 100 100000	A the Or	0/ <5	ne year
nati ther		Canditions, if any, which gave rise to immediate	(b) 3max	c Clu	caranome	col ind the	X	in gene
than the cere		cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSE		si to b	(agral	2000	1 0
ires lease			107	asta		roin (cara	recours	
sign o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	01
o The	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	USU OBSDATIS		Lea autoneva Isas II	YES, WERE FINDI	NICCUISED
has has	2	DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	IN WAS PERFORMED	Penagene IN CE	RTIFYING CAUSES	S OF DEATH?
at a see	E				10. 110	YES NO	YES [NO []
		214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	216. HOW INJURY OCCUR	RED JENTER NATURE OF THIURY IN ITEM	18, PART I OR PART 2)	
DING PHYSIC (AN): The lay requires stending phy the securities has been signed as the burial transit permit. Then pleas the and Meruit or increment to burial imarked o	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19				
ding Pher th	MEDICAL	214 INJURY OCCURRED	216 PLACE OF INJURY JAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Afte the the hard	1 2	AT WORK AT WORK						
DR: A Se as t leafth	1	22a 1 certify that (1) (this hospi		om	9/19 19 79		19_79	that (I) (we) lost
ATTEN oital or a ECTOR for use of Hea	1	sow the deceased alive on	10/30 at) view the bady after death.	19_7,0	nd that in (our) opinion	death occurred on the date and	hour and from the	couses stated
E P D TO TE		22b. SIGNATURE	or view the body after death.		DEGREE		22c. DATE	ESIGNED
ALCO he ho rache e De e De		Name	W alm	/	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	101	30/79
PIT, by t by t by t det		224 PHYSICIAN S NAME (TYPE O	Mental A	X	22m ADDRESS	DIRECTOR PHYSICIAIN	1 10	80 11
HOSI ined I FUNI uld be the		JAMES		110 11	N I I we lds	while Maco	. Balto	MD217
TO HOSPIT, retained by to TO FUNER pshould be definitely the State IMPORTAN			0.00	NG M	4 Johns M	deall emoral	· Bene	7
F	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY	J 23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	11/3/79	Baltim	ore Cemeter			
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRES	s	25e. DAT	E REC'D. BY REGISTRAR 256. RE	DISTRAR'S SICNAL	TURE
(VRA 15, 4) 1/79	W	_	7/H 1101 Fac		h 7570 UU	13 1 19/9	Jary /Ket	broody

IN EAST OF A SECRET (17)

	1	FOR STATE REGISTRAR	DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 7 9	2 4 2 7
A) E de		ECEASED NAME FIRST PE OR PRINT) RAGNHII	LD A.	BJER	CAST	OCT. 9,	1979 7:48
on officer, p	3.5	FEMALE	WHITE	5. DATE MON APR		AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SIRTHPLACE (STATE OR FOREIGN NORWAY	USA	MARRI		BALTIMORE CITY OR COUNT BALTIMORE CI	Y OF DEATH
by the filed montified	1	BALTIMORE	UNTONSUCHEMORIA	E POSP	ITAL	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (HOMEMAKER	126. KIND OF BUSINESS (INDUSTRY
iy filled in should be	130.	JAL RESIDENCE (IF HURSING HOME O STATE MD.	R OTHER INSTITUTION, GIVE RESIDENCE BY NTY 13c. CITY OR T BALTI	OWN	13d. INSIDE CITY LIMITS?	702 ST. JOHNS R	D. 21210
completely		ATHER'S NAME CHRISTIAN	MIDOLE REIERSEN		15 MOTHER'S MAIDEN NA	ME MIDDLE	? IAST
te be execut icion ond co pers. Poges 1	160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SI 213-10		17 INFORMANT BERNIE W. BJ	ADDRESS ERK 2614 VANTAGE	COVE 21401
low requires that the death co so been signed by the attendin term! Then please remove corb re prior to buriol, cremation, or rs any injury, or other troumatic	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			200 AUTOPSY? 200. IF YE	VEN IN PART I (a) S, WERE FINDINGS USED FYING CAUSES OF DEATH?
PHYSICIAN: The kending physicion. This certificate has the burial-transit per and Mental Hygiene. Id or them 18 shows	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINER		19	211 LOCATION STREET		ES NO
ow.ATTENDING te hospital or off the hospital or off the hospital or off Dept. of Health or Hem 21 is marke		sow the deceased alive or	ital) pttended the decepsed fro	75.0	nd that in (my) (arr) aprinion of DEGREE	death occurred on the date and has	19 79, that (I) (we'll
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store IMPORTANT:		27d. PHYSICIAN'S MAME ITAL CREGORY BURIAL CREMATION, REMOVAL (SPECIFY)	MACKER	3c. NAME OF (PHYSICIAN 224 ADDRESS	DRIAL HOSPITAL	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/78	24. F	REMATION UNERAL DIRECTOR TCHELL-WIEDEFEI		VESTVIE		CAMONOVITE	BALTO, MD

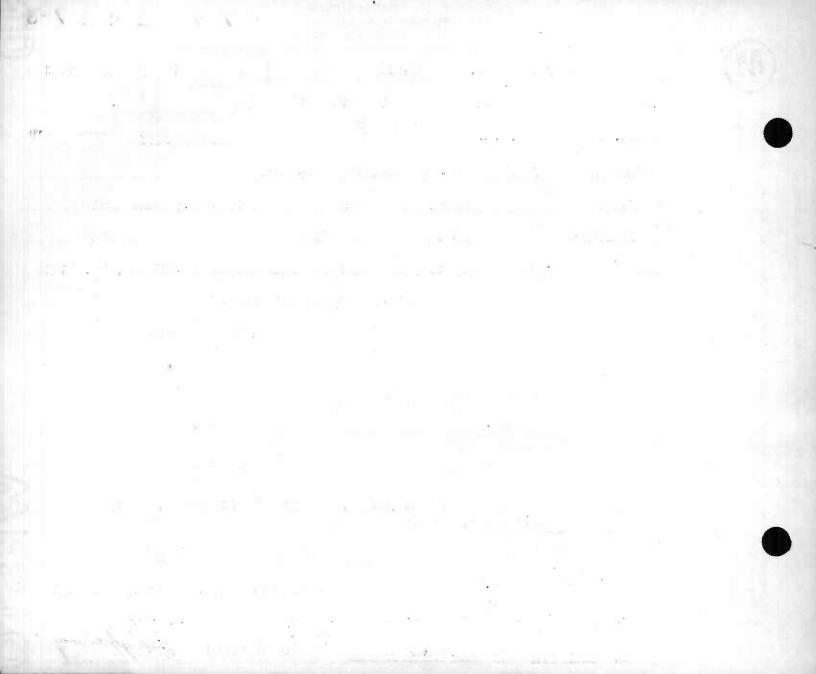


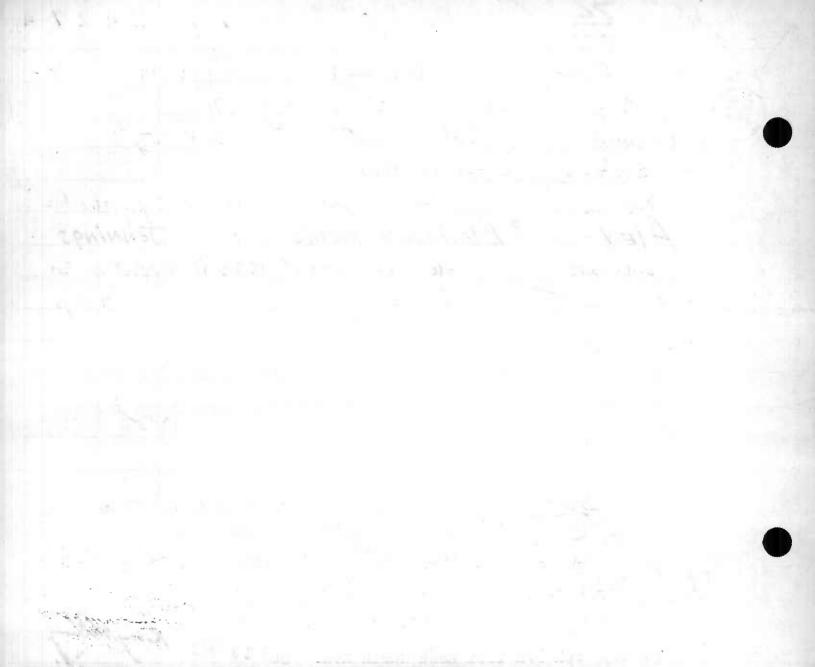
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

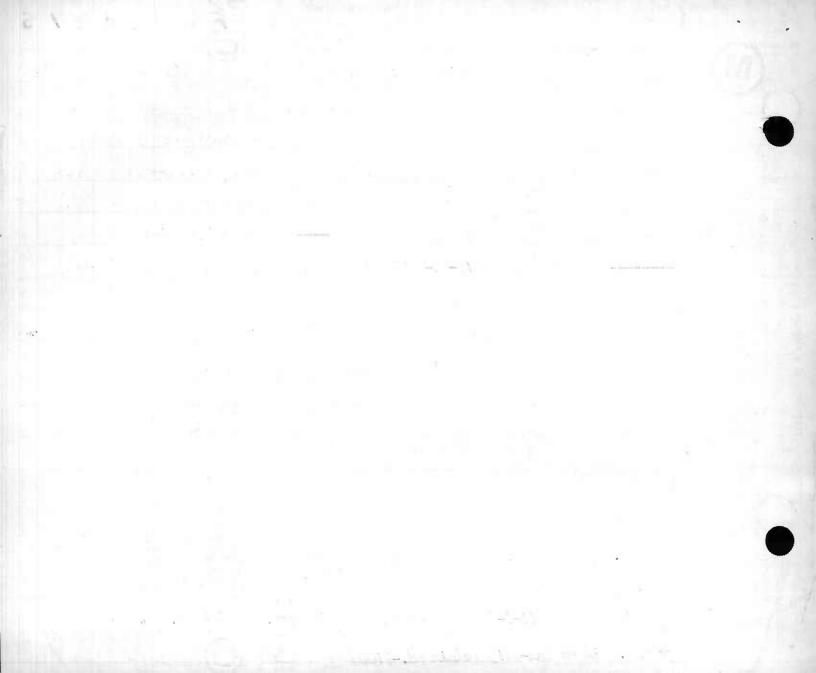
CERTIFICATE OF DEATH

- STATE

REGISTRAR



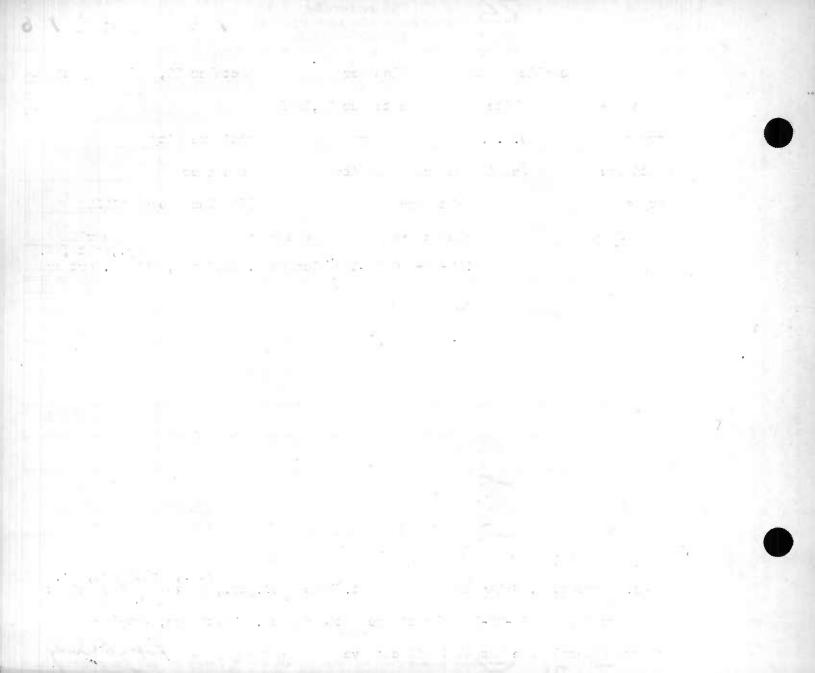




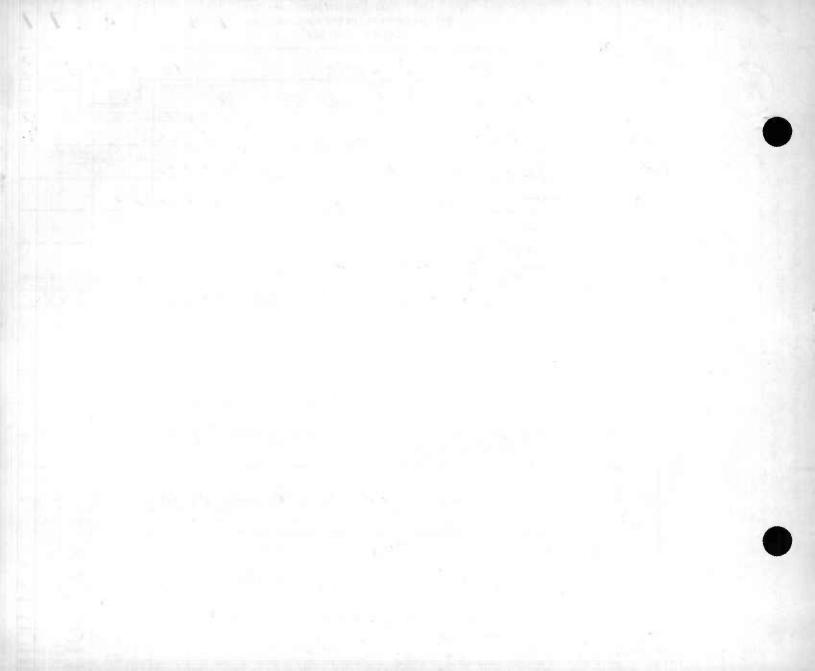
ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL

		CEASED NAME	FIRST	A	HODLE	i	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
4	(TYPE	OR PRINT)	Rosa1:	ie N	IMN	B1an	kner	October	22. 1	1979	8:30
	3. SE	x		RACE		5 DATE C	OF BIRTH	& AGE (IN YEARS LAST 8		IF UNDER I YEAR	
		Fema1e		White		Septe	mber 29,1885	94	YRS	MONTHS DAYS	HOURS
		IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	12		1. BALTIMORE CITY			
35		ountry) aryland		U.S.A.		WIDOWE	D NEVER MARRIED C	Baltimore	City		
10		ITY OR TOWN OF DEA	лн 11	I. NAME OF H		ADDRESS)	Spital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake:	TION TOF WORKING		OF BUSINESS
35	13a. S	al RESIDENCE (# NURSI STATE aryland	ING HOME OR OT	THER INSTITUTION,		E ADMISSION)		13. STREET ADDRESS 5614 York		1 21212	
		ATHER'S NAME		DDLE	LAST		15 MOTHER'S MAIDEN N	ME			
00		John	MID	DOLE	Fleisch	mann	Cunegu	inda		Deur	ling
1		WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS P	kwy.,Bal	to,Md.
1	,	YES, NO OR UNKNOWN)	TIP YES, GIVE W	AR OR DATES)	212-74-	6763	Miss Eleanor	M. Feldman	nn, 12	227 E.No	rthern
		410-	IMMEDIATE		R AS ALCONSEQUE	(1	o l	our attended	ñ		
	NOI	Canditians, if any, gave rise to imm cause 103, stating underlying cause	which nediate g the lost	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	Cordical Cordinate Terminate Termina	MINAL DISEASE OR CO	art	GIVEN IN PART 1	(a)
2	TIFICATION	Canditians, if any, gove rise to imm cause 101, statim underlying cause PART 2 OTHER SIGN	which nediate g the lost	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? YES □ NO ☑	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED
29	CAL CERTIFICATION	Canditians, if any, gove rise ta imm couse 101, stating underlying couse	which nediate g the lost	DUE TO OF	R AS A CONSEQUE PROPERTY OF THE PROPERTY OF T	ENCE OF ENCE OF DEATH BUT OPERATIO	Cor Sicco	200 AUTOPSY? YES □ NO ☑	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
29	MEDICAL CERTIFICATION	Canditians, if any, gove rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING C	which nediate g the lost	DUE TO, OF DUE TO, OF IC) DUE TO, OF IC) DIDITIONS CC 196 CONDI 216 TIME O HOUR A./	R AS A CONSEQUE PARAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ENCE OF ENCE OF OPERATIO OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES □ NO ☑	20b. IF Y IN CERT	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
29		Canditians, if any, gove rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING CIFETHER. NOT WHAT WORK AT WO WAT WORK AT WO WAT WORK AT WO WAS UNDER WHILE WHILE WAS UNDER WAS	which nediate g the lost lost lost lost lost lost lost lost	DUE TO, OF TO DUE TO	R AS A CONSEQUE PARAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY MET, FACTORY, OFFICE, F e deceased from 19	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUM 216 LOCATION STREET 19 75 nd that in (my) (our) Opinion	200 AUTOPSY? YES NO PRED LENTER NATURE OF IN	206. IF Y IN CERT	COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we)
The second of th		Canditians, if any, gove rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT 210 ACCIDENT WAS UND OR CONTRIBUTING CURR WHILE NOTHEY MEDICA 210 INJURY OCCURR WHILE NOTHEY MEDICA 210 Sow the decease boave, the (we) id 220 GRATURE	which nediate g the lost lost lost lost lost lost lost lost	DUE TO, OF TO DUE TO	R AS A CONSEQUE PARAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY MET, FACTORY, OFFICE, F e deceased from 19	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUM 216 LOCATION STREET 19 ZS and that in (my) (our) Opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO PIENTER NATURE OF IN CITY OR T. death accurred an the	20b. IF Y IN CERT	COUNTY 19 22c. DATI	INGS USED S OF DEATH? NO STATE that (+) (we) a couses stated
WAPORTAN: If them 21 is morked or new 18 shows only injury, or other froumoitic	MEDICAL	Canditians, if any, gove rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING CIFETHER. NOT WHAT WORK AT WO WAT WORK AT WO WAT WORK AT WO WAS UNDER WHILE WHILE WAS UNDER WAS	which nediate g the lost lost lost lost lost wificant co	DUE TO, OF (b) DUE TO, OF (c) IPB CONDI 21b. TIME O HOUR A./ P./ 21c PLACE (1AT HOME, STR View the body.	R AS A CONSEQUE PARTIBUTING TO DESCRIPTION FOR WHICH FINJURY M. MONTH DAM M. MONTH DAM M. MONTH DAM M. MONTH DAM M. MORTH DAM M. MORT	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUM 21f LOCATION STREET 19 75 nd that in (my) (our) Opinion DEGREE ATTENDING	200 AUTOPSY? YES NO PIENTER NATURE OF IN CITY OR T. death accurred an the DIRECTOR PHYS AVES	20b. IF Y IN CERT	COUNTY 19 22. DATI 1 timore	STATE that (H) (we) e couses state E SIGNED

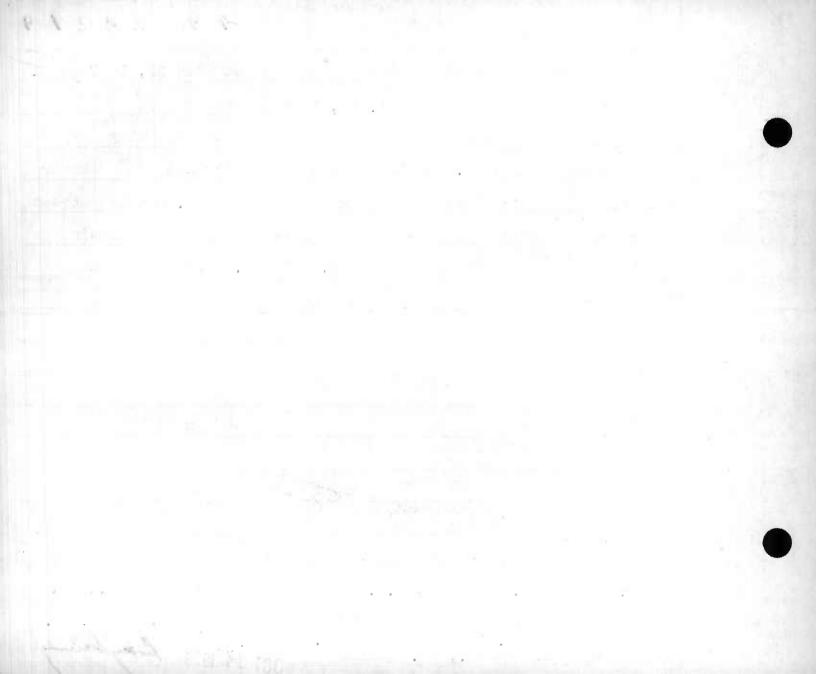


	1				E OF MARYLAND	509 13		
	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYC ICATE OF DEATH		2 4	12//
	1. DE	CEASED NAME FIRST	MIDDLE		ĀŠŤ	REG. No.		YEAR 26 HOUR
- N	ITYPE	GEORGI	E 10.	BLI	CHER		10 67	19 910 P
RALL S	3 SE		I RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT		R 1 YEAR IF UNDER 24 HRS
W. J		MALE	CAUCASIAN	MONTH		8/	YRS.	DAYS HOURS MIN
12 13 /		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY?	D NEVER MARRIED	BALTIMORE CITY O	_	ATH
2 = -		MO:	4.51	WIDOWE	DIVORCED	BALTIM		MD.
opolitied with		BALTO	11. NAME OF HOSPITAL, N INF NOT IN SUCH FACILITY, GIV EDGEWOOD	E STREET ADDRESS) .	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) INDU	KIND OF BUSINESS OR
- 9 0	13a. S	AL RESIDENCE (# NURSING HOME OF TATE 136 COU	DR OTHER INSTITUTION, GIVE RESIDENCE INTY		136. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
should b	1	70.	13.4	140	YES 🔼 NO	3332 130	EELH A	re
and 2 sh	14. FA	THER'S NAME FIRST	MIDDLE	ST	15. MOTHER'S MAIDEN NA FIRST	WEDDIE		LAST
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
00 2	L	NO -	And - at	7-8304	SON			
		IN CAUSE OF DEATH (Enter o	only one couse per ling for 191,	(b), and (c)	11 P	7.1000	25	APPROXIMATE INTERVAL
g physic conpope removal.		PART I. DEATH WAS CAUS	ATE CAUSE (0)	1266	et IH	NCRTA.	5 -	2785-
orrenaing physic ove corbonpape stion, or removal. roumatic event, th		1579	DUE TO, OR AS A CON	SEQUENCE OF	1000			
emotion, er froum		Conditions, if any, which gove rise to immediate	(b)		1714 CC VC			
lease rem ial, cremi or ather t		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF			1	
or o			(c)					
r to burial, cremation, ar injury, or other fraumatic	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P	ART 1(o)
prior t	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	
shows ony	E S					YES NO	IN CERTIFYING C	AUSES OF DEATH?
Hygie 18 sho	18	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR			
	_	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
0 5 7	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
ono	¥	AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	113/20	CITY OR TOV	VN // COUN	NTY STATE
Health is mor		22a I certify that (this hosp	pital) attended the deceased	from	1 2) 19		19/	, that (t) (we) last
2 0		saw the decrased give of obove his enidaded did n	not) view the body after death.	_19, or	nd that in (my) (our) opinion	death accurred on the de	ate and hour and fre	om the couses stated
pept fem		22h SIGNATERE	X		DEGREE		270	DATE SIGNED
uld be detached the State Dept ORTANT: If Item		Um them	1000328	cmi	- ATTENDING	MEDICAL STA	FF /	0/8/19
should be detact with the State D		PATHOXIL	PCARON	ZA	GOOD B	MONA AV	e Balto	ml21312
5 % 2 \$	73a 8	URIAL CREMATION, REMOVA	L 23h DATE	231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	1	RAPILL	10/10	W000	LANN	BAGO	,	
-16 20M	24 FI	HERAL DIRECTOR	/ 73/00	RESS	25a, DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
5, 4) 7/78	1	are Lich	evenes 36	17 Ches	my 4	17019		

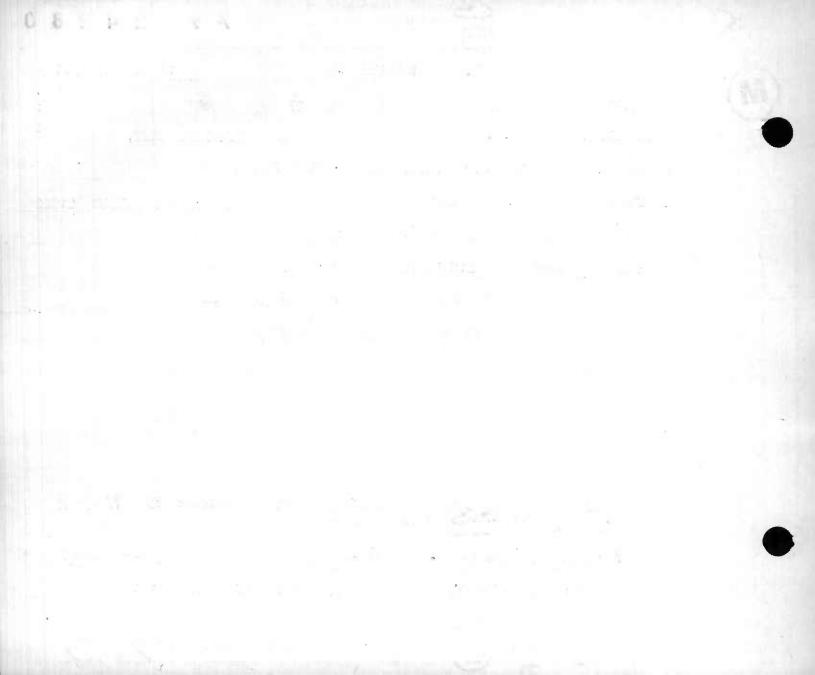


-	*	1-	FOR STATE REGISTRAR					MENTAL HYGI	EATH REG	2 4	127	8
	(M)	(TYP	CEASED NAME FOR PRINT)	First Fra		M.	Bochins		20. DATE KNOWN OF ESTI- DEATH MATED	- 10	31 ₉ 79	2b. HOUR
	ARY VOU V 72 V 72	3. SEX	male	white	March 27	1938 41 Y	ARS IF UNDER I Y AY) MONTHS DAYS RS.	R. IF UNDER 24 H	PRONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUF
0	S FOR WITHIN	FO	RTHPLACE (STA REIGH COUNTRY)	and	b. CITIZEN OF W USA		WIDOWED -		Baltimo			WI
	PAGE BE FILED, 301 V		Baltim	ore	Marylan	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) Ld General F	lospital		USUAL OCCUPATION FORMOST OF WORKING LIFE)	(TYPE OF WORK	Balto.	City
21201	F ANY DE S. AND 3 T S. RETAIN SHOULD B	130,5	nyland	13L COUNTY	Arundel	13. CITY OR TOWN		DE CITY LIMITS? 13e.	STREET ADDRESS 162 Dale Ro	ad	211	122
MD	PW STA	F	THER'S NAME	111.			Sn.	THER'S MAIDEN NO FIRST Madeline		Води	LAST	
BALTIMORE	URS AFTER DE B. GIVE PAGE WITH FORM C. PAGES 1 AN DIVISION OF	16a. W	AS DECEASED	EVER IN U.S. ARME (IF YES, GIVE WA	D FORCES? R OR DATES)	213-34-978	0	ormant estance A.	Bochinski	231 112	ta Driv	'e 2111:
301 W. PRESTON ST., B	TED WITHIN 24 HO Y PENCIL IN ITEM 11 XAMINER ALONG AL-TRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL.		57/ Conditions gove rise	IMMEDIATE IMMEDIATE if ony, which to immediate stating the under-	CAUSE (a) CFI DUE TO, OR (b)	Prof (a), (b), and (c).) Prosis of AS A CONSEQUENCE (OF	Acute et	hylene glyd	col poi:	APPROXIMATIONSE	INTERVAL I AND DEATH
	"PENDING" IN "PENDING" IN EF MEDICAL E SED AS A BUR HEALTH AND CREMATION, C	NO	PART 2 OTHER SIGI	NIFICANT CONDITIONS <u>CO</u>		OUT NOT RELATED TO THE TERM Diabetes Me		ITION GIVEN IN PART I TO	1.			
ITAL REC	SSESP 1	CERTIFICATION	190. DATE OF C	OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION WAS PERF	ORMED?			20. AUTOPSY	
DIVISION OF VITAL RECORDS,	CERTIFICATE SHO TING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL,		21a. EXTERNAL UNDERLYING CONTRIBUTIN			MONTH DAY YEAR	21c. HOW INJU	JRY OCCURRED (EN	ITER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR		
DIVISION	WRITING WRITING WREDED T VGE 3 SH VGE 3 SH VGE 1 SH OT PRIOR	MEDICAL	21d. INJURY OG WHILE AT WORK		21e. PLACE (STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	cou	NTY	STATE
•	CAL EXAMINER: THIS THE CERTIFICATE, WR. SHOULD BE FORWARE RAL DIRECTOR: PATE ATH, WITH THE STATE RE, MARYLAND, 21201		22a. I certify death resulted ACTUAL SIGNATURE		of the remains des	scribed obove, held on Accident , Su	icide Ho	(SPECIFY) Sistant	, Inquiry , determined monner C	ond in my opi	10/31	/79
	TO MEDICAL E EXECUTE THE OPAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, MA		EXAMINER'S N (TYPE OR PRIN	T)		ard, M.D.	ADDRES	5	Street, Bal	lto.MD	21201	
	BP		Buri		DATE v. 3, 19	236. NAME OF CE	ven Memo	rial Pk.	LOCATION CITY OF JOWN GLEN BURN		uland	TATE
	DHMH - 17 (VR A15 ME (5)) 30M 7/73	Mo	CALLY F	K3/	East of B	rtapsco Aver rooklyn Bal	ue t imore.		D. BY REGISTRAR 256.	GISTRAR'S S	GNATURE	

THE REPORT OF THE PARTY OF THE STATES STATES AND AND AND ADDRESS OF THE PERSON OF THE PER



i. (1		REGISTRAR			CERTIFI	CATE OF DEATH	REG.	NO.		1 7
	DEC TYPE C	EASED NAME FIRST		MIDDLE		ST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
		ANDR		L.	BONDUE				29 79	5:19p
3.	SEX	264 777	4 RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST II	IRTHDAY)	MONTHS DAYS	HOURS /
7 7	BID	MATE THPLACE (STATE OR FOREIGN	WHITE	WHAT COUNTRY?	12	24 27		YRS	Y OF BEATH	
15	CO	ENNSYLVAINA	U.S.		MARRIED	NEVER MARRIED	9 BALTIMORE CITY BALTIMO			
10		Y OR TOWN OF DEATH			WIDOWED	R OTHER INSTITUTION	12a LISUAL OCCUPA	TION	112h KINID (OF BUSINES
-		LTIMORE	VETERAN			ON MEDICAL CE	LTYPE OF WORK FOR MOST	mber		pital
1 13	10 21	RYTAND RYTAND RYTAND	Ito.	Dundal	N.	134 INSIDE CITY LIMITS? YES NO X	13a. STREET ADDRESS		AVENUE	2122
	FAT	HER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		11	S1
30		Andrew	Во	ndura,	Sr.	Mary	Helen		Kole	go
210		AS DECEASED EVER IN U.S. AF	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS		
			rea	2162020	12	Mary H. Kol	.egoSa	me as		
	T	PART I. DE ATH WAS CAUSE	nly ane cause per	line far (a), (b), an	d (c).i				BETWEEN	MATE INTERV
			TE CAUSE (a)	Pardio -	Respu	rather a	rest			
		4775	DUE TO O	R AS A CONSEQUI	ENCE OF					
	- 1	Canditions, if any, which	(b)	Rem (Beres	ut 10/23/7	9			
	- 1	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUI	ENCE OF	1 1				
	- 1	underlying cause last.	(c)	. A3 A CONSEGO	LINCE OI					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	01
1 6	غ ا									
3			19h COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b, IF YE	S, WERE FINDI	
5	2	To DATE OF OPERATION	136					LIN CERTI	FYING CAUSES	NGS USED
2	KIIIIK						YES NO	Y	FYING CAUSES	OF DEATH
2		710. ACCIDENT WAS UNDERLYING			AY YEAR	21¢ HOW INJURY OCCUR	YES NO	Y	ES 🗌	OF DEAT
2			HOUR A.	DF INJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCURE	YES NO	Y	ES 🗌	OF DEATH
2		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IF Y MEDICA LEXAMINER 216. INJURY OCCURRED	HOUR A. P. 21e PLACE	M. MONTH D. M. OFINJURY	19	21c HOW INJURY OCCURE	YES NO	JURY IN ITEM 18.	ES 🗌	NO [
29	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A. P. 21e PLACE	M. MONTH D	19	211 LOCATION	YES NOTE NOTE OF IN	JURY IN ITEM 18.	PART I OR PART 2)	NO [
2	MEDICAL	ATIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OR EITHER, NOTIFY MEDICAL EXAMINER OF THE CONTRIBUTION OF THE CAUSE OF THE CA	HOUR A. P. 21e PLACE [AT HOME, STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	19 FARM, ETC.)	211 LOCATION STREET	YES NOTED RED RENTER NATURE OF IN	OWN	ES	S OF DEAT
2	MEDICAL	ATIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OR EITHER, NOTIFY MEDICAL EXAMINER OF THE CONTRIBUTION OF THE CAUSE OF THE CA	HOUR A. P. 21e PLACE [AT HOME, STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	19 FARM, ETC.)	211 LOCATION STREET	YES NOTED RED RENTER NATURE OF IN	OWN	ES	S OF DEAT
299 POINTER	MEDICAL	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 716. INJURY OCCURRED WHILE NOT WHILE AT WORK ☐ AT WORK	HOUR A. P. 21e PLACE [AT HOME, STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	19 OCTO 79 one	211 LOCATION STREET BIER 23 19 79 d that in (Ay) (aur) apinian (YES NOTED RED RENTER NATURE OF IN	OWN	ES	SOF DEAT NO
AND A PROPERTY OF THE PROPERTY	MEDICAL	276. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (WEITHER, NOT BY MEDICAL EXAMINER 276. INJURY OCCURRED WHILE NOT WHILE AT WORK 276. I certify that All (this hasp saw the deceased always or obove, (Wawe) (did) and	HOUR A. P. 21e PLACE [AT HOME, STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	19 OCTO 79 one	211 LOCATION STREET BER 23 19 79 d that in (Ay) (aur) apinian (YES NOTED RENTER NATURE OF IN CITY OR I. To OCTOI The death accurred an the MEDICAL ST	OWN MER 29 date and has	COUNTY 19 19 19 19 19 19 19 19 19 19 19 19 19 1	SOF DEAT NO
AND A PROPERTY OF THE PROPERTY	MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 120 L certify that ILL (this hasp saw the desceased always of obave, (Drive) (did) in it.	HOUR A. P. 21e PLACE [AT HOME, STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	19 OCTO 79 one	211 LOCATION STREET DEER 23 19 79 d that in (Ay) (our) apinion (our)	YES NOTE OF IN CITY OR TO COTTO!	OWN MER 29 date and has	COUNTY 19 19 19 19 19 19 19 19 19 19 19 19 19 1	SOF DEATI NO
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299 ASDICAL CEDITION	WEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK SO SON THE deceased always or obove, (LYSWE) (did), AM X 276. SIGNATURE 276. PHYST LIAH S NAME 17 - 25 RIAL CREMATION REMOVAL	HOUR A. P. 21e PLACE (AT HOME, STI OCTOBE A view the body	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F ine deceased from inc. 29 19 ofter death.	OCTO	211 LOCATION STREET DEER 23 19 79 d that in (Ay) (aur) apinian (aur) DEGREE ATTENDING PHYSICIAN [YES NOTE NOTE CITY OR THE CITY OF INTERPRETATION OF THE CITY OF	OWN AFF ICIAN 212	COUNTY 19 19 19 179 179 179 179 179 179 179 179	stant that the (w
299 ASDICAL CEDITION	WEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK SO SON THE deceased always or obove, (LYSWE) (did), AM X 276. SIGNATURE 276. PHYST LIAH S NAME 17 - 25 RIAL CREMATION REMOVAL	HOUR A. P. 21e PLACE (AT HOME, STI OCTOBE A view the bady	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F ine deceased from L. 29 after death. 23c. F	OCTO 79 one	211 LOCATION STREET 23 19 79 4 that in (My) (aur) apinian a DEGREE ATTENDING PHYSICIAN 220 ADDRESS 3900 LOCH METERY OR CREMATORY	YES NOTE NOTE CITY OR THE CITY OF INTERPRETATION OF THE CITY OF	OWN AFF ICIAN 212	COUNTY 19 19 22t. DATE	SOF DEATI NO
2 STORY OF S	Bi FUN	276. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (WEITHER, NOT BY MEDICAL EXAMINER 276. INJURY OCCURRED WHILE NOT WHILE AT WORK 276. I certify that All (this hasp saw the deceased always or obove, (Wawe) (did) All All All 276. SIGNATURE	21e PLACE (AT HOME, STI) attended th OCTOBE (AVIEW the body) 23b. DATE 11/2/	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F de deceosed from 19 ofter deoth. 23c. 1 1979 S	OGTO 79 onc D NAME OF CE	211 LOCATION STREET BLER 23 19 79 d that in (My) (aur) apinion of the physician [220 ADDRESS] 3900 LOCH METERY OR CREMATORY anislaus 1250 ADT	YES NOTE NOTE OF IN CITY OR TO OCTOT DECLAR OF THE DIRECTOR PHYSICAL ST. DIRECTOR DIRECTOR PHYSICAL ST. DIRECTOR DIRECTOR DIRECTOR DIRECTOR TOWN BALTIM	OWN AFF D 212 LOTE	COUNTY 19 19 19 179 179 179 179 179 179 179 179	sta Mc



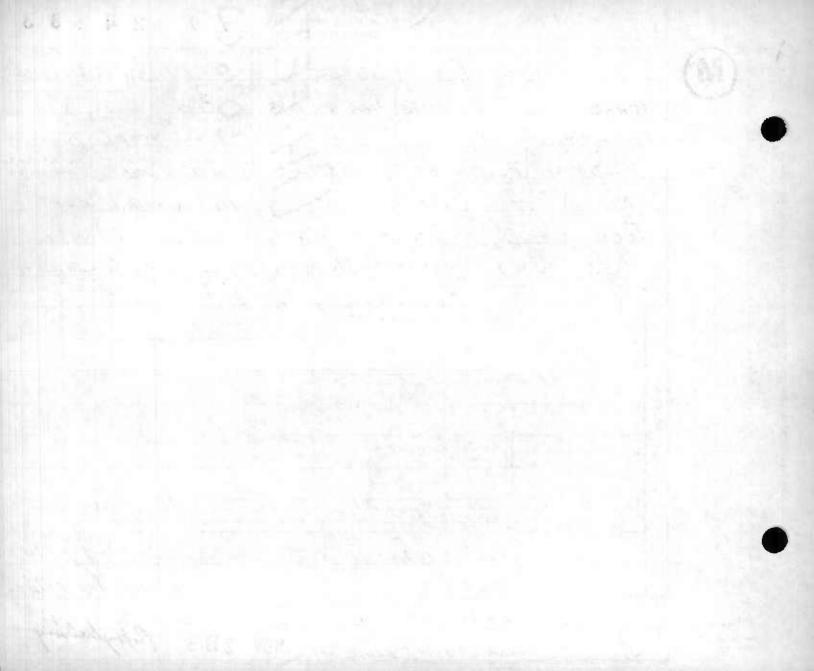
FOR



1	1	FOR - STATE REGISTRAR	ı	PEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	YGIENE 7 9	2 4 2 8 2
~ ~ ~ *		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
7	-	Edit	h L		Done		10 11 79 4.48 M
	3 SE	-	4. RACE	MONT		6 AGE JIN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
	70 B	TEMALE ISTATE OR FOREIGN	White	17010	2. 30, 1919	59 yr	S YRS DEATH
leoth.		Maryland	U.S.A	MARRIE	ED NEVER MARRIED	Baltimore	
s ofter de by the fur iled within	10 C	Baltimore		, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	ION 126. KIND OF BUSINESS OR
filled in lould be f	13a	AL RESIDENCE (IF NURSING HOME COU STATE 136 COU lary land	INTY ILL CITY	NCE BEFORE ADMISSION	138 INSIDE CITY LIMITS?	13. STREET ADDRESS 2633 Mile	es Avenue (21211)
mpletely ond 2 sh)4 F	ATHER'S NAME Harry	Mers Mers	ion	15. MOTHER'S MAIDEN N	MIDDLE	Allen
n and co Pages I	160.	WAS DECEASED EVER IN U.S. A YES, NO OF UNKNOWN) (IF YES, GI		-20-7818	Mrs. Shirle	ADDRESS MCGuire-37	752 Beech Ave. 21211
rtificate by physicio and papers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per the CED BY: ATE CAUSE (o)	alahor	Hepatic 1	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INC. C. W.
deoth cer ottending ove corbo fion, or re		1539 Conditions, if any, which	1	INSERBUENCE OF	Hipatoma	- color	2 Recent
that the death c by the ottendin lose remove cork other traumation, or		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	molass	Esis, live	e l
equires en signed Then plé ir to burit	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT		NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
on. hos bee t permit. ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN: T ding physici secrificote ouriel-transmental Hygin in Item 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER		NTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
NG PHYSICIAN: The outending physicion of this certificate to so the buriol-transit had mental Hygien orked or Item 18 show	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
TTENDIN pital ar TOR: Af for use o of Healtl		220.1 certify that (I) (this hasp saw the deceased alive a	. / . /	19 79	, 17	on death accurred on the de	, 19 79, that (I) (we) lost one and hour and from the couses stated
AL OR A the hos AL DIREC letoched ore Dept. T. If Item		ZZh SIGNATURE	Maas	when	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22c, DATE SIGNED 10 /11 / 79
TO HOSPITAL (retained by the TO FUNERAL (should be detowith the Stote (IMPORTANT). If		RILPER TI	O PRINT)	IKIL	DORT		sew. Hosp
The Short of the state of the s	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	12940
67 BP		(SPECIFY) Burial	10/15/79		aven Mem. Pk	CITY OR TOWN	nie, Maryland
DHMH - 16 50M 1/76		UNERAL DIRECTOR		700	25 a. D		25b. P. Carlotte Machine
(VR A 15 (4))	A	. Man Seitz Fr	uneral Home	818 Rolar	nd Ave.	OULT 1 1919	/

5 18 12 1A 15 . collar a late make LANGE WEST County Company Market Services

70		1.	STATE REGISTRAR	DEPARTME	CERTIFICATE OF DEATH	REG. N	24203
9	: (M)		CEASED NAME FIRST	CENT P R	1 AST	20 DATE OF DEATH	MONTH DAY YEAR 126 HOUR 12 15 AM
	Y WO	3. SE		4 RACE	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BI	
-	h. Page ol direc 2 haurs	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		YRS DR COUNTY OF DEATH
	the funer deat		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION 126 KIND OF BUSINESS OR OF WORKING LIFE INDUSTRY JOHN SHOPE
1201	ours o	USU	BALTI MORE AL RESIDENCE (IF NURSING HOME		1103111116	INFORMATION	V DESK HOSPITAL
LAND	ould ould		MG 136 COU	130 CITY OR TOWN		1118 Qu	PANTRIL WAY
MARYLAND 2120	mplete ond 2	14. 6	TOPN H	MIDDLE TROOPS	15 MOTHER'S MAIDEN N	MIDDLE	MANTZ
BALTIMORE,	n and camp Poges 1 or	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES)		HALL ADDR	1116 QUANTRIL WAY
	nysicio inpers. ovol. nt, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (SED BY)	The state of	L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	h cert orbor or rel		4575°	DUE TO, OR AS A CONSEQUEN	conogory 43	rest.	
PREST	de d	1	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	CE OF		
201 W.	ned by the please reprinted to remove the please reprinted, crement, or other		underlying couse lost PART 2 OTHER SIGNIFICANT	(c)		MINAL DISEASE OR CON	NOTION GIVEN IN PART LIA
CORDS	been sign rmit Then priar to bu	ATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
AL REC	V: The low ysician. cote hos bi ansit permi Hygiene pri 8 shaws an	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VII	dring physician. Is certificate has burial-transit pe Mental Hygiene ar Item 18 shaws		?] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE		YEAR	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS,	G Prent	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
۵	ENDING P tal ar affer tl OR. Affer tl ir use as the ir use as the ir use as the ir use as the		220.1 certify that (1) (this has	pital) attended the deceased from	10/28 19 7	control of	3 () 9 79 , that (1) (we) lost lote and hour and from the causes stated
•	OR ATTEN he hospital DIRECTOR, ached for us Dept. of He If hem 21 is		obove, (I) (we) (did) (did r	not view the book ofter death.	DEGREE ATTENDING		22c. DAYE SIGNED
	by the by	4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		DIRECTOR PHYSI	
	TO HOSE should be with the IMPORTA	73n F	URIAL, CREMATION, REMOVA	SUVAL MO	ME OF CEMPTERY OR CREMATORY	4940 CX	ster Are Bellowl
763	ВР	(BURIAL	11-2-1979 Mo	THOLYREGEEMER	BALTIM	
DH	MH - 16 60M 1/75	29. F	INERAL DIRECTOR	ADDRESS	NO / NO	ATE REC'D. BY BEST TRAF	Till Joseph John John John John John John John Joh



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARIETANO 21/01	Ď	nov	o to
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The Inetained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, eshould be detached for use as the bunal-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 haurs offwhith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner (must be notified by ance.
71	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 min	2	-
410	9		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	/	PEG NO	2	4	line	0	
				CERTIFICATE OF DEATH	CERTIFICATE OF DEATH	CERTIFICATE OF DEATH	CERTIFICATE OF DEATH

/		REGISTRAR		CEKITI	ICATE OF DE	AIH	REG. NO	0.		
		CEASED NAME FIRST	oris MIDDLE V	4	AST Booth	1	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(1112	Doris		500	th.			PC 01	79	922/6"
	3 SE	X	RACE White	5. DATE			6 AGE (IN YEARS LAST BIRT		NDER 1 YEAR	IF UNDER 24 HRS
		Temale	JAHH FAHA	a- S	DAY	YEAR	63	YRS		HOURS MIN
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MA	RRIED -	BALTIMORE CITY O	R COUNTY OF	DEATH	
14		Maryland	U.S. A	WIDOW		ORCED	Citu			MD.
42	6	Daltonore	11. NAME OF HOSPITAL, I		OR OTHER INSTIT	UTION	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Retired W		26 KINDO NDUSTRY	F BUSINESS OR
35	,130 S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDEN NTY		13d INSIDE CITY	Y LIMITS?	130 STREET ADDRESS	Brank	Aue:	EIGIG
300	14 FA	ATHER'S NAME FIRST ET mer	MIDDLE		15. MOTHER'S Mare		WIDDLE	Wh	alen	ı
1		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	L SECURITY NO.	17 INFORMAN		ADDRE			
		No	215-	-01-9361	Mr Ker	nneth A	A Booth Jr	728 Cam	berle	y Circle
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIATED A Conditions, if ony, which gave rise to immediate cause tall, stating the underlying cause last	DUE TO, OR AS A CON		eptionin	Mane Arma			BETWEEN	MATE INTERVAL NOSET AND DEATH
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN I	N PART 110	
	ON O		ALC: NO SERVICE SERVIC							
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIC	N WAS PERFORM	MED	20a AUTOPSY?	206 IF YES, WE IN CERTIFYING	RE FINDING CAUSES	IGS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	I	CITY OR TOW	VN C	OUNTY	STATE
		220.1 certify that (t) (this haspi			nd that in (my) (a	19_71 ur) apinian de	, to	ate and hour and		that (1) (we) last
		22b. SIGNATURE	A CANA		DEGREE NO ATT	TENDING	MEDICAL STAF	FVV_	THE BATE	24/19
1		22d. PHYSICIAN'S MAME (TYPE O	nothing Levi		22e. ADDRESS	inai H	ospital Bal	Ltimore,	Md	7
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 10/29/79		EMETERY OR CR Holy Red		Bal timo			STATE
	24 FU	JNERAL DIRECTOR	ADDI	RESS		250. DATE	REC'D. BY REGISTRAR	25b. RF ST AR	SSINE	wordy
		Leonard J Rucl	k Inc, Baltim	ore, Mar	yland	100	26 1979			

DHMH - 16 50M 1/76 (VR A 15 (4))

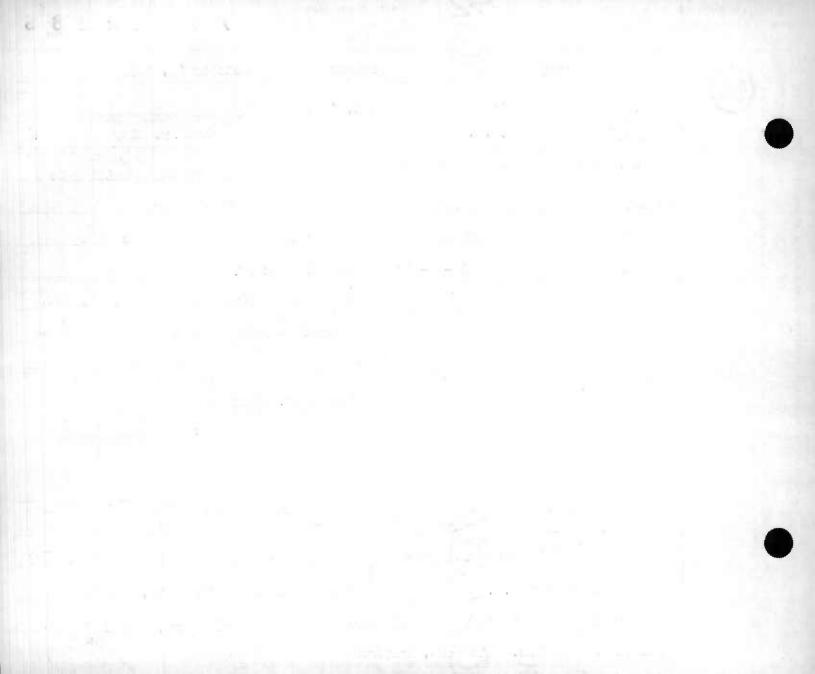
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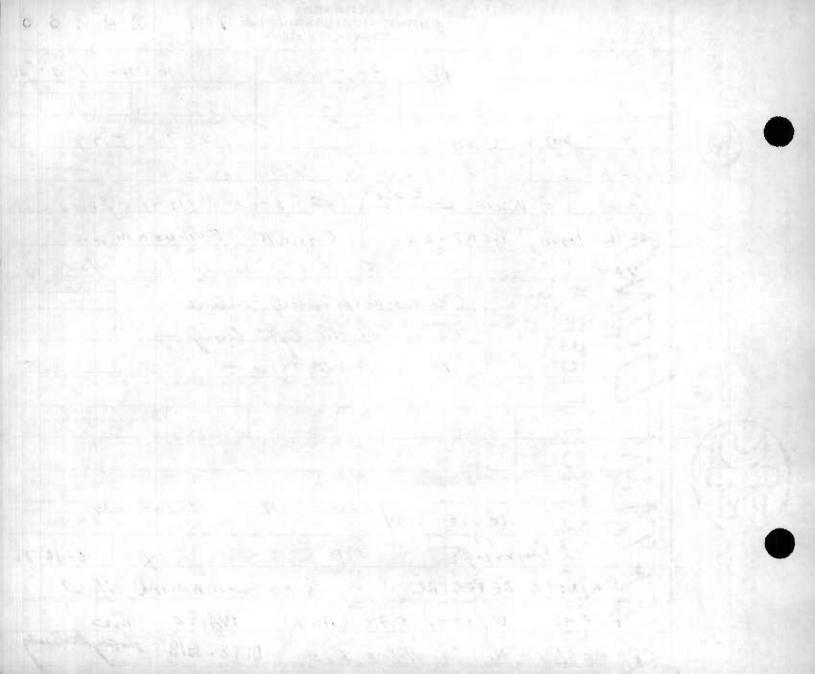
2 4 1 8 4 ELONGIA COMO LINO, THE STATE OF executed within 24 hours after

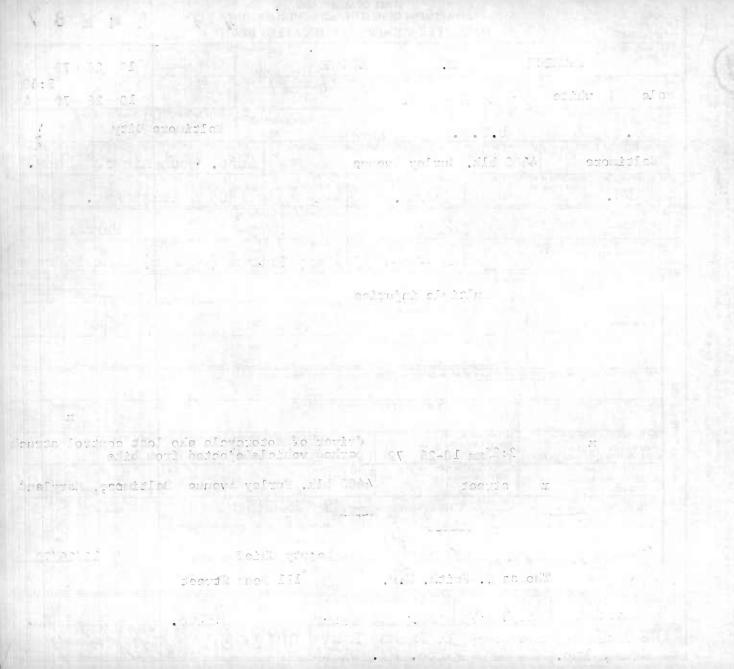
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital or attending physician.

TO HOSPITAL

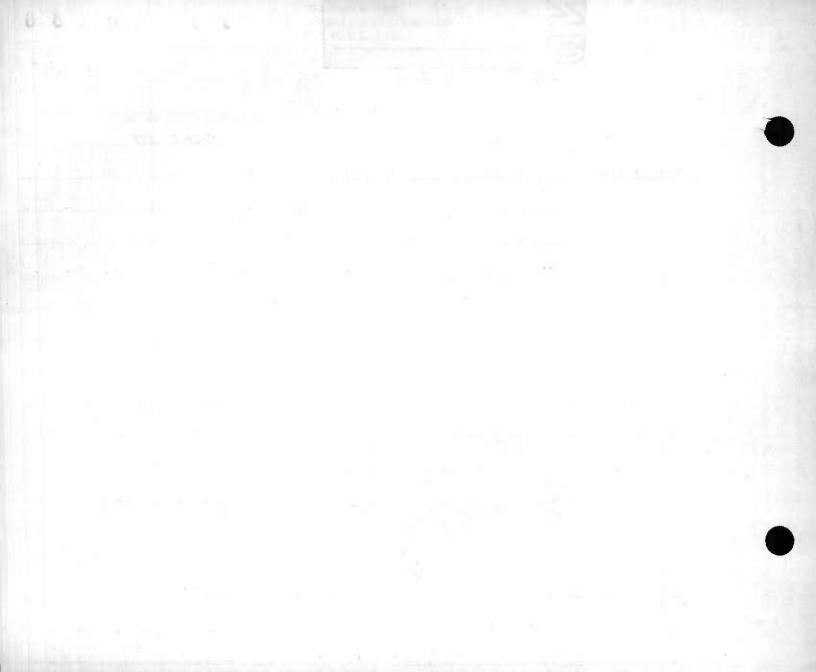
10	1 - S	OR TATE EGISTRAR			DEP		T OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIE	NE 7 9	2	4 2	2 8 5
	1. DECE: (TYPE OR	ASED NAME PRINT)	Harry		H.			rleis		October :		DAY YEAR	26. HOUR
	3 SEX			4 RACE		5.0	DATE O	F BIRTH		AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	M.	ale		White		2	dept			75	YRS.	MONTHS DAYS	HOURS MIN
35	7e. BIRTI COUN	Maryla	e or foreign and	U.S.		N	ARRIED	NEVER MARRIED		Baltin Baltin	_		MC
00		Baltimo		11. NAME OF H	ZACHIL QVE	URSING H	OME O	R OTHER INSTITUTION		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Owner Mary	OF WORKING LIF	12h KIND C INDUSTRY Plattir	OF BUSINESS OR
35	13a STA	residence (i ite yland	13b COUN	OTHER INSTITUTION,	136 CITY OR Balti	NWOT	ISSION)	134. INSIDE CITY LIMIT YES 🔯 NO 🗌		3. STREET ADDRESS 6602 Alta			.,
00	14 FATH	ER'S NAME		MIDOLE	LAS	ī		15 MOTHER'S MAIDEN	NNAME			iA	ST.
UC		August		_	orleis			Rosali	.e			schmid	
1	16a WA: (YES,	NO OR UNKNOW	VER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL			17 INFORMANT		ADDR	ESS		
/		No			216-0	9-515	59	Mrs Lina	Bor	cleis		Same	MATE INTERVAL ONSET AND DEATH
o shows any injury, or other frounding	RTIFICATION	CM DATE OF OR	immediate stating the couse last	DUE TO, OF	TION FOR W	SEQUENCE LOS G TO DEAT VHICH OPE	COLUMN BUT	NOTICE CONOTRELATED TO THE LIMONAL WAS PERFORMED	y a	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDI	NGS USED
7			CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY	YEAR 19						
	¥	d. INJURY OC	CURRED IOT WHILE TO AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, Q	OFFICE, FARM,	ETC }	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
Z 1 15 Inc.	21	sow the de	ceased alive on	10 ~ 10		19 7 0	<u>1</u> , on	d that in (my) four) api	60 inion de	oth occurred on the d	ote and hou	r ond from the	that (I) (see) lost couses stated
E H He	21	h SIGNATUR	ulb)	nuell	47	u D		DEGREE ATTENDIN PHYSICIA	NG X	MEDICAL STA		22c. DATE	16-79
7	21		SNAME (TYPE O		e fil	NG		Mercy Host	pita	l Balti	more.	Maryla	
	23e. BUF	RIAL, CREMAT Buria	ON, REMOVAL	23b. DATE 10/18	3/79			EMETERY OR CREMATO		23d LOCATION CITY OR TOWN Baltimo		COUNTY	STATE
-)M		ERAL DIRECTO	OR	, ,				25a	DATE	REC'D. BY REGISTRAR	25b. REGIST		
/7B	Le	eonard	J Ruck	Inc. Bal	ltimor	e, Ma	ryl	and	nn	T1 7 1979	fore	my//	orening

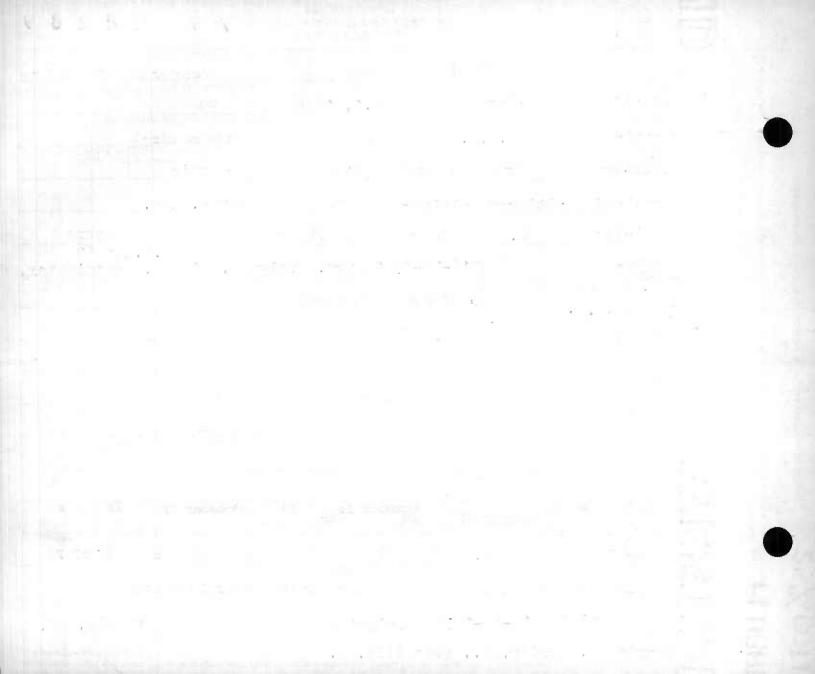






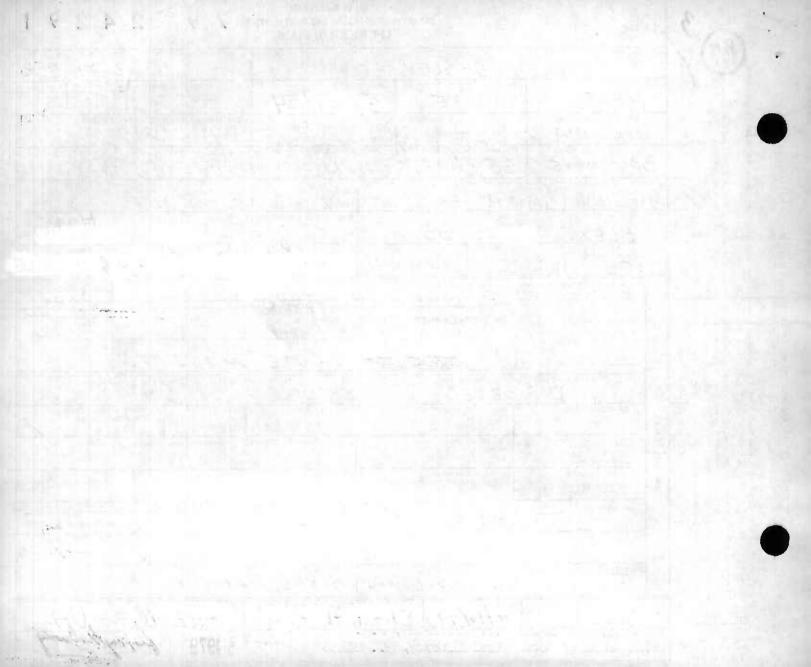
01	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4 2 8 8
	ECEASED NAME FIRST	WIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	AT.T	CE Amelia BOUT	AT.I.	OCT a	19 1979 1230 4,
3. S	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Caucasian	Nov. 30, 1900	78 yrs.	MONINS DATS HOURS MIN
9,10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
9	Maryland	USA	WIDOWED TO DIVORCED	BALTIMORE CIT	Y MC
14 10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LII BOOKKEEPET	126 KIND OF BUSINESS OR INDUSTRY Accounting
JUS	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		recounting
W ha	Maryland Ba	Ltimore Catons		16 Dutton Av	renue 21228
	FATHER'S NAME	L CIMOTET GA COMS	15 MOTHER'S MAIDEN NA		ende Likko
2/	Henry	M. Dav	vis Kather:	MIDDLE	Neal
160	WAS DECEASED EVER IN U.S. A			ADDRESS 34	
2		VE WAR OR DATES) N/A		d W. Kiefer Ba	
1	T			n w. Vieler DS	
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), a SED BY:	CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDI.	ATE CAUSE (0) LUNG	LUIVECK		- 147
	1629	DUE TO, OR AS A CONSEQU	JENCE OF		- 1
	Conditions, if any, which gove rise to immediate	(b)			
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF		
		(c)			
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71/ HOW IN HIRY OCCUR	YES NO YE	ES NO
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH		THE STATE OF THE PROPERTY OF THE MICE.	· ····································
/ 5	JIF EITHER, NOTIFY MEDICAL EXAMINE		19 211 LOCATION		
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
	AT WORK			रोटो सर्व	7.0
		pital) attended the deceased from	Sept 28 19 79		19_1 , that (I) (we) lost
	saw the deceased plive of above, (1) (we) (did) (did)	nat) view the body after death.	, and that in (my) (our) opinion	death accurred on the date and hou	
	27h SIGNATURE	0	DEGREE		221. DATE SIGNED
	In. K	whend a. I	e LUTU MD. ATTENDING [MEDICAL STAFF DIRECTOR PHYSICIAN	10.74.14
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
/	RTCHARD	LEBOW	TINTON MEMO	RIAL HOSPITAL	
239	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	Burial	10/04/00	44, 64, 61, 61, 61	CITY OR TOWN	COUNTY STATE
24	FUNERAL DIRECTOR	170/)1/ (7 1	oudon Park	Baltimore of	WANTED THE MEDICAL PROPERTY.
	acÑabb Funera	ADDRESS Cator	sville, Md. 0	CT 3 0 1979	/ ,. /
TAT6	~ Chabb Tullete	L Home Caton	PATTIC! MIM.		





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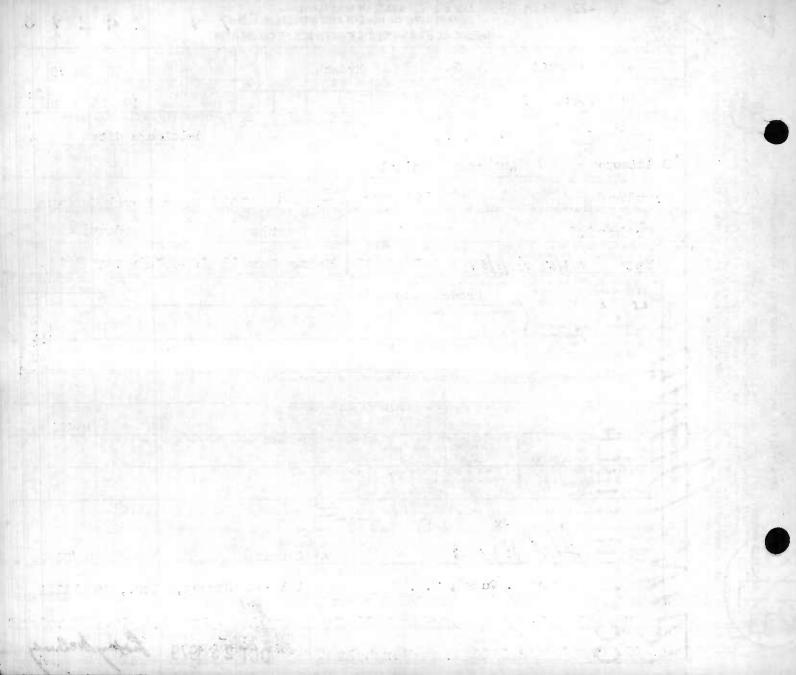
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9 2 4 2 9 1
DECEASED NAME FRE (TYPE OR PRINT) CHAR	LES WESLEY BOYD	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 10 12 79 8:39 M
SEX MALE	WHITE SDATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MININGER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto City on County of DEATH Balto City
BALTIMORE	SO DO TO GEN HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) THE OF WORK FOR MOST OF WORKING LIFE) THE OF WORK FOR MOST OF WORKING LIFE THE OF TH
USUAL RESIDENCE (IF NURSING H	ONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? SMITH SALTUILLE YES NO	13 STREET ADDRESS 707
14 FATHER'S NAME PERST ALEX	MIDDLE BOYD IS MOTHER'S MAIDEN N. GUSSIO	AME Hagy
YES II	ES, GIVE WAR OR DATES) / 1 A / / 1 A / 1 A / 1 B PO- B 70%	Helw BAPPESS Saltville, Va. 24370
PART I. DEATH WAS C	ch of the bue to, or as a consequence of the bue to the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 h R S 10 h R S MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYII	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
OR CONTRIBUTING CAUSE	OF DEATH MINER) HOUR A.M. MONTH DAY YEAR MINER) P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
UI (IF EITHER, NOTIFY MEDICAL EXA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET	CITY OR TOWN COUNTY STATE
sow the deceased oli	hospital) oftended the deceosed from 70 72 , 19 72 ve on 72 , 19 79 , and that in (my) (our) opinior did not) view the body after death.	to
27b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN X 10-12-79
TOSEPHYSIAN'S NAME TOSEPHYSIAN'S NAME TOSEPHYSIAN'S NAME		HANOVER
Burial REMATION REMA	10/16/79 Elizabeth Cemetery	Saltville, Vifginia
	Road Randallstown, MD. 21133	TE REC'D. BY NOVE IN ANY 200 PLANS TO BE SEEN THE SEEN THE SEED OF



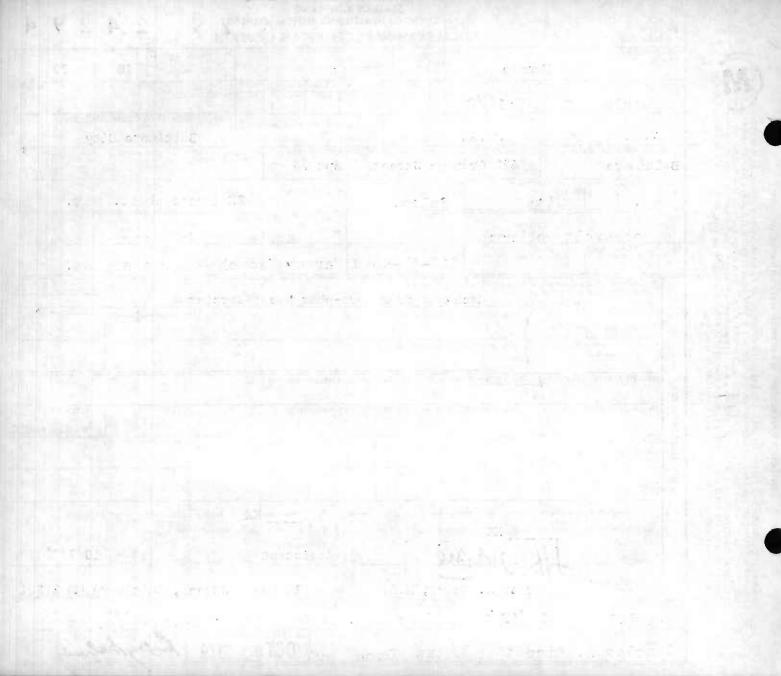
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH HTMOM DAY 2b. HOUR Forney 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS March 21,1891 DAYS 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Alabama WIDOWED DIVORCED T Baltimore City 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Lutheran Hospital Teacher Music USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore NO 25 W. 27th St 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE LAST Mary Elizabeth Forney Richard Jones Baker 415 E. Lake Ave. BALTIMORE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 219-14-166 Baltimore, Md Beatrice Kane APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last plea ŏ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 20 be YES [NO [burial-transit Mental Hygi 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 0 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from. saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b shoul with 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE COUNTY Westview Memorial Park Catonsville Balto. Cremation 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 6500 York Rd. DHMH - 16 50M 1/76 (VR A 15 (4)) Mitchell-Wiedefeld Home, Inc. Balto. Md.

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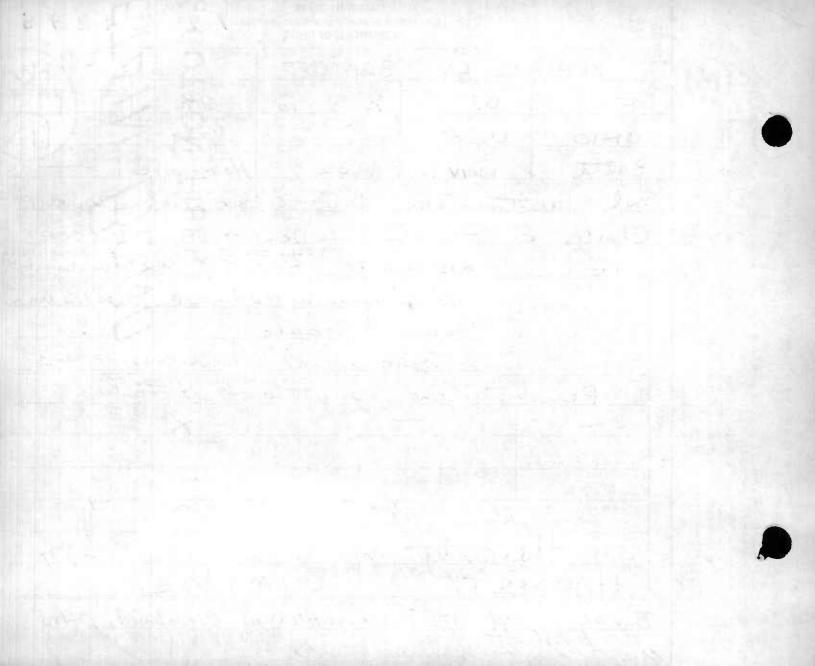
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	1	gove ris	ns, if any, which se to immediate) stating the <u>under-</u> use last.	1	O, OR AS A CC	INSEQUENCE (OF.								
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	1 - :	FOR STATE REGISTRAR		ME	DEPARTMENT OF EDICAL EXAMIN	TE OF MARYLAND HEALTH AND MEN IER'S CERTIFICA	ITAL HYGIEN		2 4	2 9	4
7		CEASED NAME	FIRST		WIDDLE	LAST		20. DATE KNOWN :		DAY YEAR	2b. HOUR
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WITH TO THE	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C. ID. CITY OR TOWN OF DEATH Baltimore			76. CITIZEN OF W	Α.		DIVORCED	9. BALTIMORE CITY Balti	orcounty more Ci		MD
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300	14. FATHER'S NAME FIRST			MIDDLE	LAST	15. MOTHER'S	S MAIDEN NAME	MIDDLE		LAST	
-				binson			Annie	Robin	ason		
1	6a. W (YE	'AS DECEASED EVER S, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	212-58-4			addres ch 422 Oi		St.	#6
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, Ç	FICAT	19a. DATE OF OPERA	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						2D. AUTOPSY	
3	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED								YES [NO XX
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AFTER DEATH, WITH THE STATE DEPARAMENT OF THE STATE OF TH		22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes									
	(S)	Burial Burial		36. DATE 10/12/79		Metery or crematory Mem. Park	Rar		COUNTY	FARMANTA	STATE S
H-17 5 ME (5))		neral director harles A	. Ri	ce 1300	s Eutaw Pl		DCT 9	registrar 256. R	ISTRAR'S SIC	NATURE	



	1	STATE OF MARYLAND
	1	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 2 9 1 REG. NO.
-	1. DI	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR EOR PRINT)
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death. Pour meral dir		IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 10 DIVORCED
s ofter d	10. 0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY HOUSEWIFE
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ond con Poges I o	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANTING Brand ADDRESS 300/215/1
t the death certificate in the attending physicic eremove carbon papers cremation, or removal ther traumatic event, the		APPROXIMATE INTERVAL BETWEEN ONSET AND DE APPROXIMATE INTERVAL BETWEEN ONSET AND DE Conditions, if ony, which gove rise to immediate cause iol, stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost
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PHY endir this ne bu	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
R ATTENDING hospital or off hospital or off RECTOR, After red for use os tipt. of Health or em 21 is marke		22a.1 certify that (1) (this hospital) attended the deceased from 126 , 19 79 , to 10 2 , 19 79 , that (1) (we saw the deceased are on 19 79 , and that in (my) (our) apinion death occurred on the date and hour and from the causes state above. (If we have the body ofter death.
Oche Dep		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
TO HOSPITAL TO FUNERAL should be det with the Stote		122d, PHYSICIAN'S NAME (TYPE OR PRINT) HARDES We. ADDRESS ON MILES
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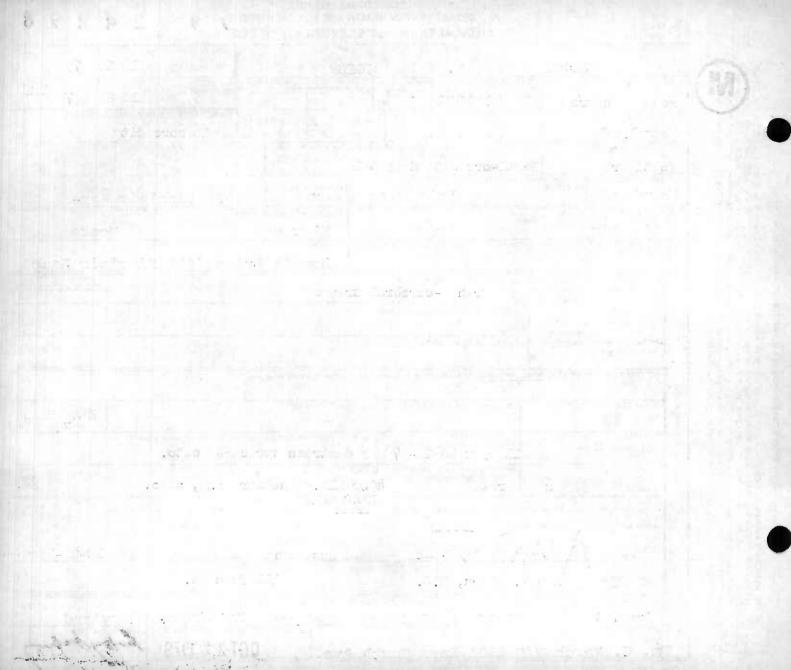


3	FOR STATE			DEPARTM		AND MENTAL HY	GIENE 7	2	4 2	96
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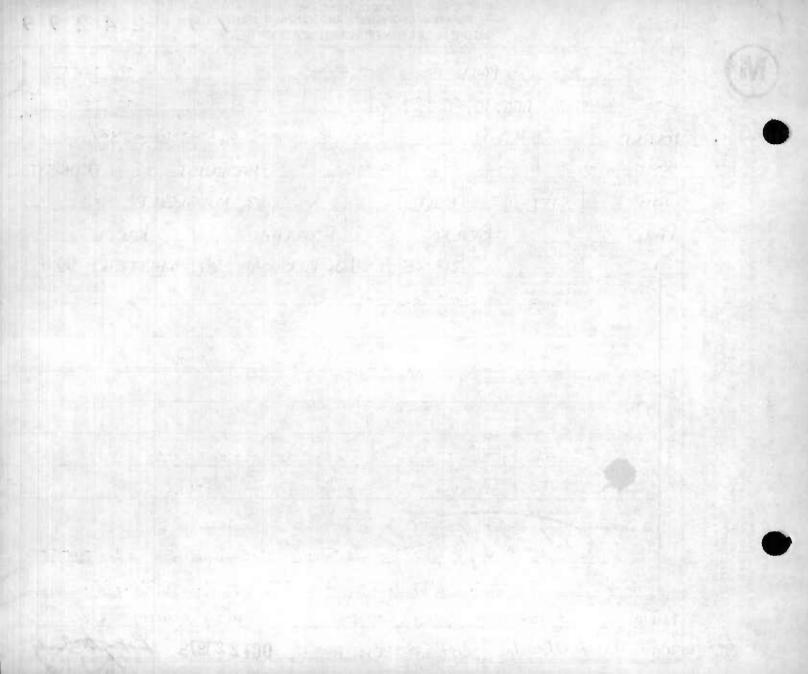
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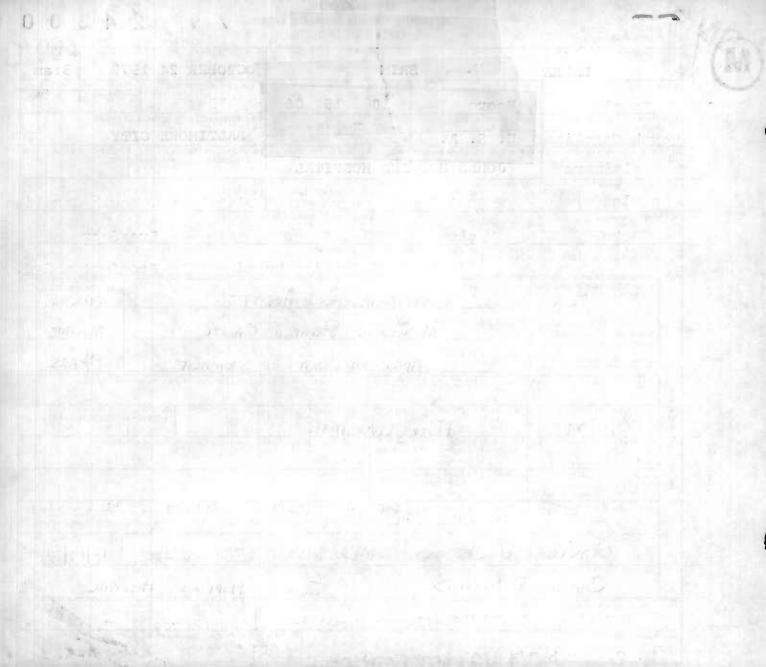
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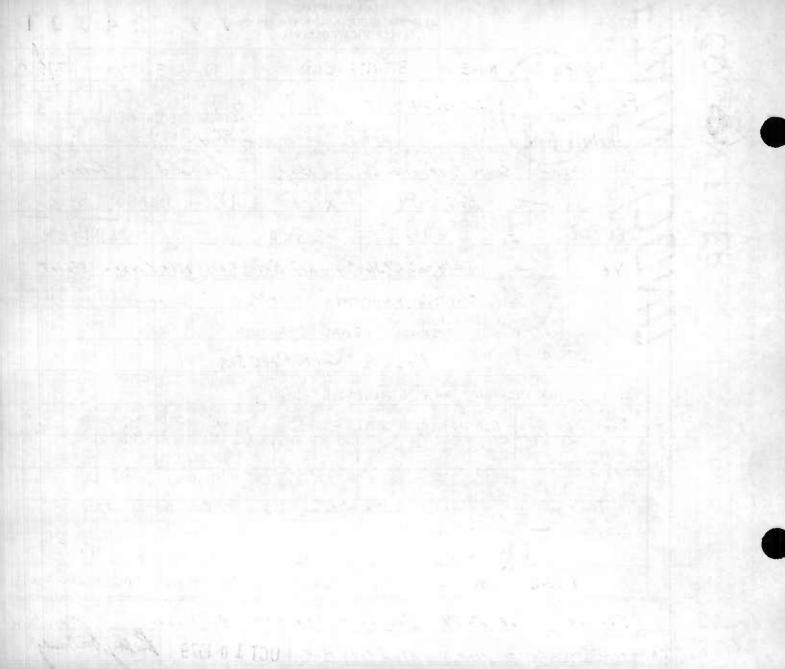


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10	FOR		DEPART	MENT OF HEALTH	AND MENTAL H	YGIENE 7	2 4	999	
	- STATE REGISTRA		MEDICALI	XAMINER'S C	ERTIFICATE C	F DEATH OF	G. NO.	4 1 1	
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J @	18 CAUS	E OF DEATH (Enter o	inly ane cause per line far (a), (b)	, and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH.
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SH		70	2	A					
MEDICA CUTE TH SE 4 SH FUNERA ER DEAT	EXAMINE (TYPE OR	R'S NAME	Thomas D. Smit	h. M.D.	ADDRESS. 111	Penn St. H	Balto., M	D.	
TO MEDICAL E EXECUTE THE OPAGE 4 SHOUL TO FUNERALL AFTER DEATH, AFTER DEATH, BALTIMORE, M.		MATION, REMOVAL		NAME OF CEMETERY O		23d LOCATION			=
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UQUA DHMH-17	24. FUNERAL D		ADDRESS		25a, DATE	REC D. BT REGISTRAR 256.	REGISTAR'S SIG	Ara R	
(VR A15 ME (5)) 15M 7/76	Wm.	u. Fiall	Pouski 2007	EASTERN	DAE	16 2 2 19/9	marra	- Crossy	





	1	FOR			OF MARYLAND EALTH AND MENTAL HYGI	ENE 7 9	2 4	301
	Ľ	STATE REGISTRAR			ICATE OF DEATH	REG. NO).	3 0 1
oy be deoff		CEASED NAME FIRST ROSALIE	MAE	BRINS	FIELD	1 -	5 79	7.15 A
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; # 400 P		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		DIO-pulmo			T A	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
PRESTON ST he death certi e otherding p emove carbon mation, or ren		57/5 Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF		RE	0 - 1	
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DUDI BP.	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 10 - 8 - 79	- /	EMETERY OR CREMATORY Hill Cenetia	23d. LOCATION CITY OR TOWN	COUNTY	MARYING
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		STATE REGISTRAR				CATE OF DEATH	REG. N	0.	03
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ē.	3. SEX	(4 RACE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UN	NDER I YEAR IF UNDER
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or re		1629	DUE TO C	OR AS A CONSEQU	ENCE OF a]			
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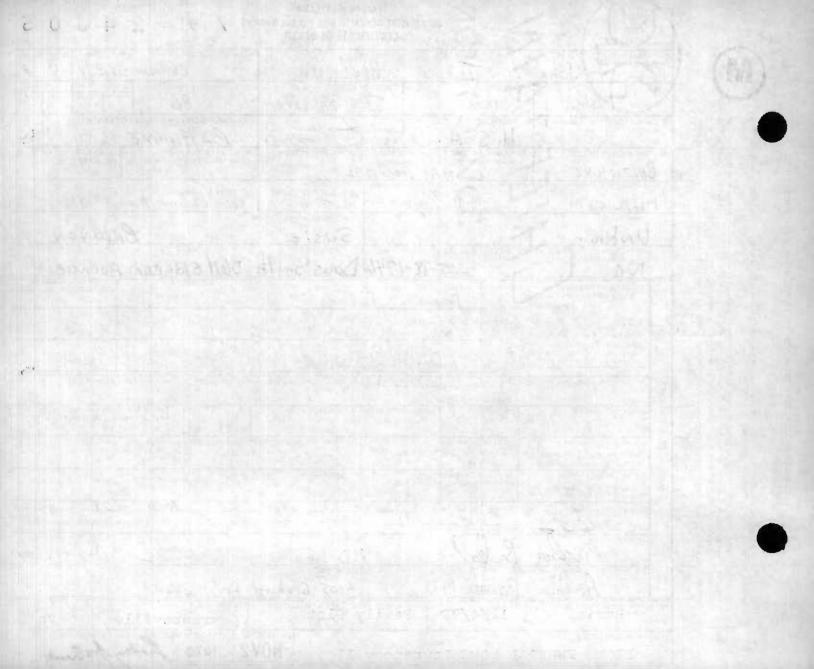


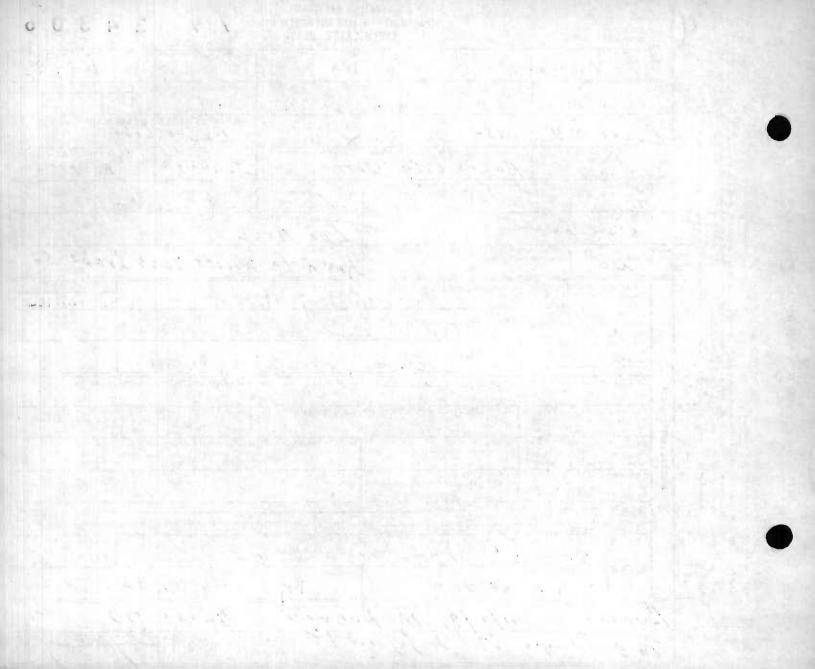
6	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 7 9	2 4 3	0 3
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moy be poge 3 er deoth	3. SE		4 RACE	7. D	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
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# P > C	70. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIEI	seperati	BALTIMORE CITY OR COU		5
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OR he		22b. SIGNAJOSE	the body	Terrel	12	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	The DATE SH	_
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0902BP	23a	BURIAL, CREMATION, REMOVA SPECIFY) Burial	10/2	,		emetery or crematory y Valley	23d LOCATION CITYOR TOWN Balto	COUNTY	Md.
DHMH - 16 50M 1/76	24. F	Schilligek Fu	neral	333LRESSB1			EREC'D BY REDIEDRAR 25	SPTRAY & SIGNATUR	- Party
(VR A 15 (4))		Home, Inc.		Balto.	Md.	21213	100,00	/	

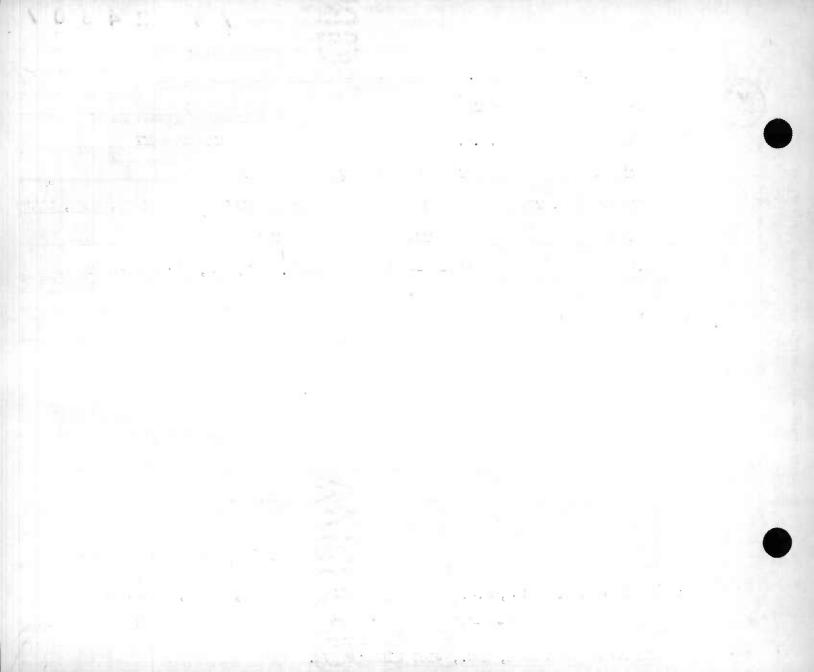
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Poor House		IRTHPLACE (STATE OF FOREIGN 7	CITIZEN OF WHAT COU	NTRY? 8	DE SHEVER MARRIED	9. BALTIMORE CITY O		DEATH	
funero thin 72		Va.	U.S.A.	WIDOWE		BAHi	nort !	City	MD
0 93 9/10	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 		OR OTHER INSTITUTION	120 USUAL OCCUPATION		26. KIND OF	BUSINESSOR
× + 0 + ×		SALTIMORE	SINA	1 (AL	(TIPE OF WORK FOR MOST OF	WORKING LIFE) I II	VD031K)	
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AND 24 h		1ARYLAND		MORE	YES NO		on Avenu	e 21	215
RYL 2 sh	14. F/	ATHER'S NAME	DDLE LA:	51	15. MOTHER'S MAIDEN NA	WE			
Complet		UNKN.			Susie	WIDDIE	BR	ODNA	LW.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, ar remaval. or ked or frem 18 shows any injury, or other traumatic event, the medical examiner must beap orked or frem 18 shows any injury, or other traumatic event, the medical examiner must beap		WAS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORMANT	ADDRE		DESEN	/
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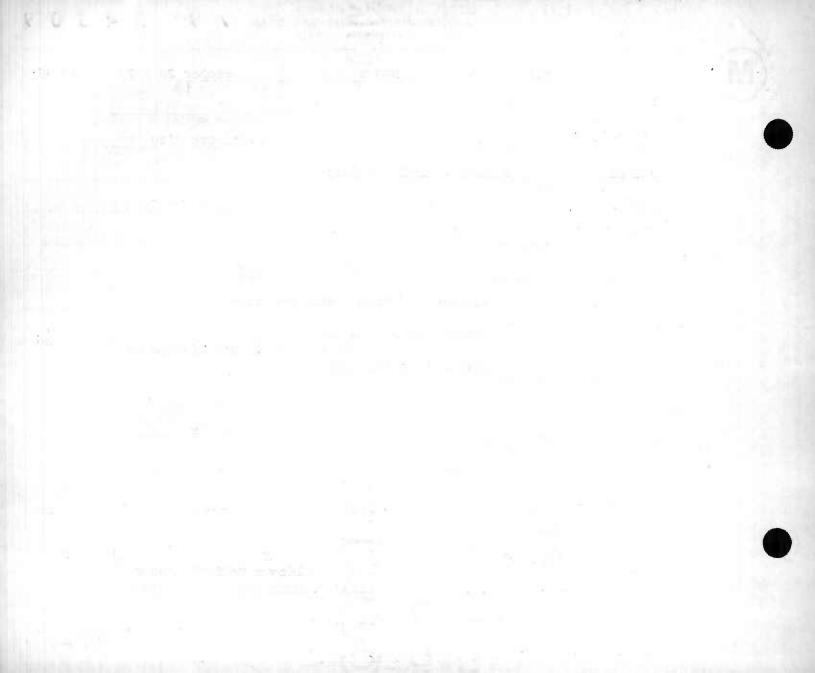




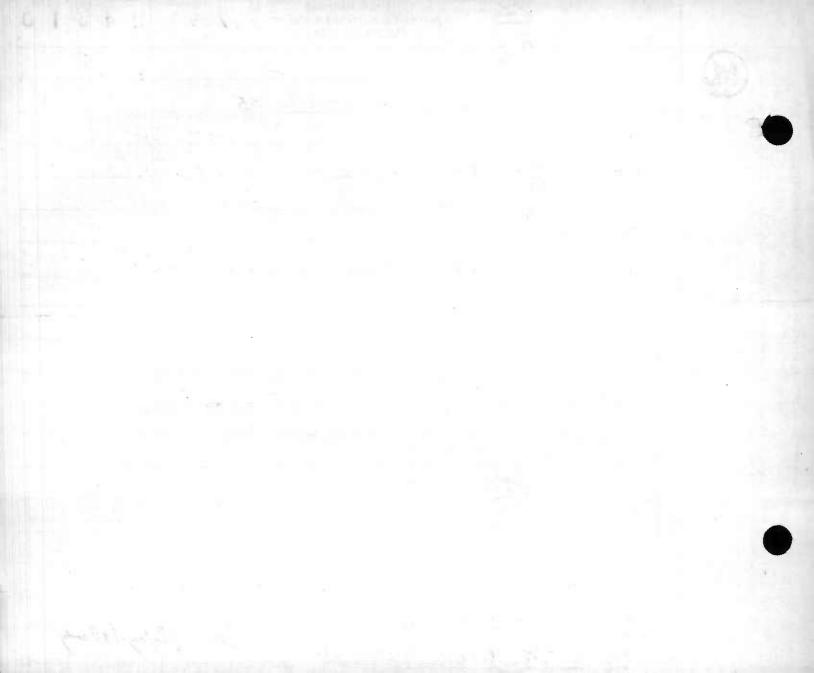


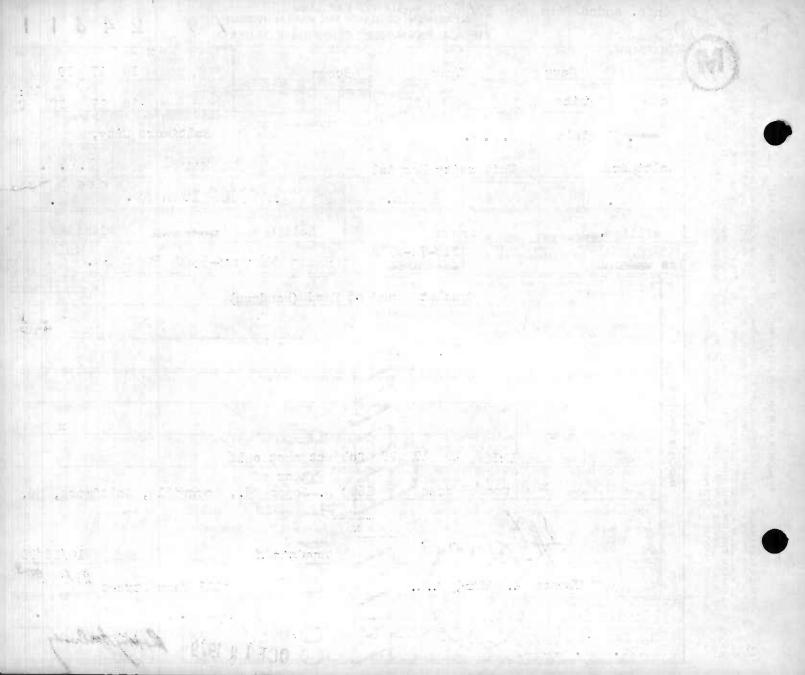
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on.	De De	3	TE						YES NO	IN CERTIFYING		F DEATH?
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tol o	F Hed	l is n		22a. I certify that (I) (this hasp saw the deceased alive or	- Control		79 0	id that in (my) (our) opinion	death accurred on the d	nte and hour an	,	ot (I) (we) last
PCT	ed fo	E 2		above, (I) (we) (did) (did no	ot) view the body	diter death.	,	DEGREE		ore one neer on	22c. DATE SI	
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refoi	o de la	₹	23n	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	123d LOCATION	prid 10th		
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24. A Local Sporting Leading Service and St. or St. Hermania. with date of the date of the late of the



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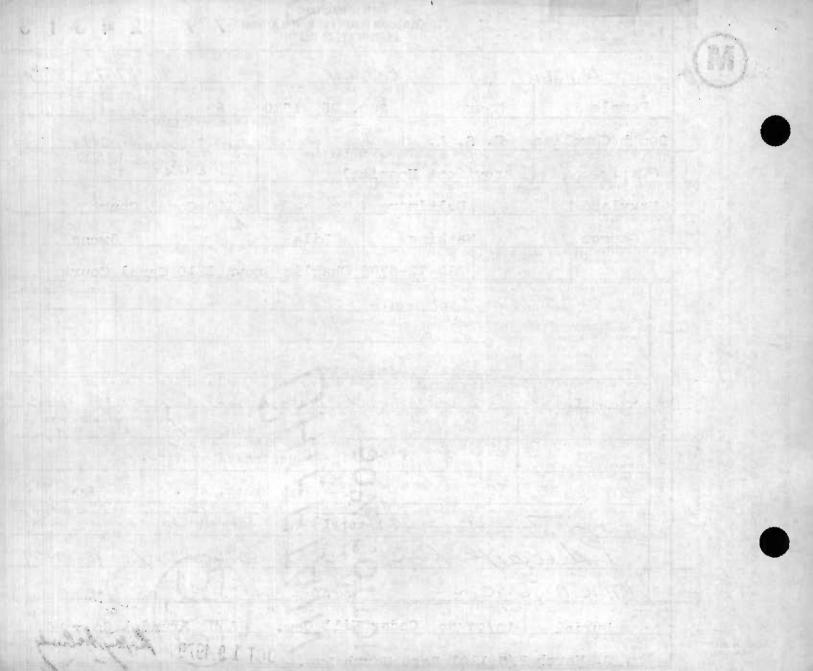


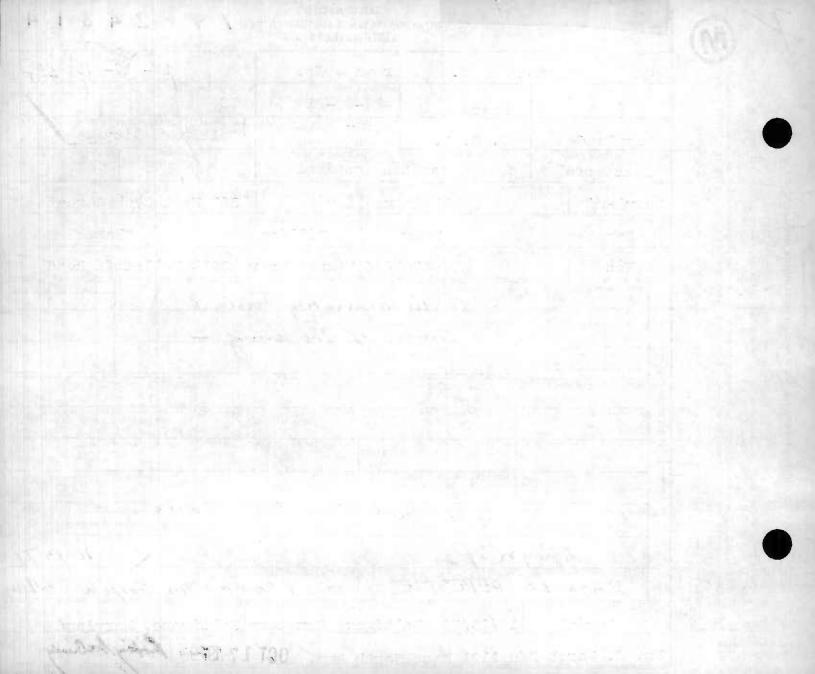


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE . DECEASED NAME 20. DATE KNOWNX (TYPE OR PRINT) ESTI-DEATH MATED James Brown 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR PRONOUNCED DEAD P . M male black 26 53 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City South Carolina U. S . A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) N. Montford Avenue Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1715 Montford Avenue 13d. INSIDE CITY LIMITS? Maryland Baltimore YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Miles Charlie Levater Brown 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES 212-30-1708 Morrisella Dukes 1927 Belair Road 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: cardio-vascular disease Hypertensive IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n. 19n. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.1 STATE CITY OR TOWN AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ARYLAND, Hamicide ! Undetermined manner death resulted fram DIRECT TITLE (SPECIFY) DATE 10/3/79 Assistant TO MEDICAL E
EXECUTE THE O
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH,
BALTIMORE, MA SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Sykesville, Maryland 10/8/1979 Crest Lawn Cemetery Burial 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)) Wm. C. March F/H 1101 East North Avenue 15M 7/76

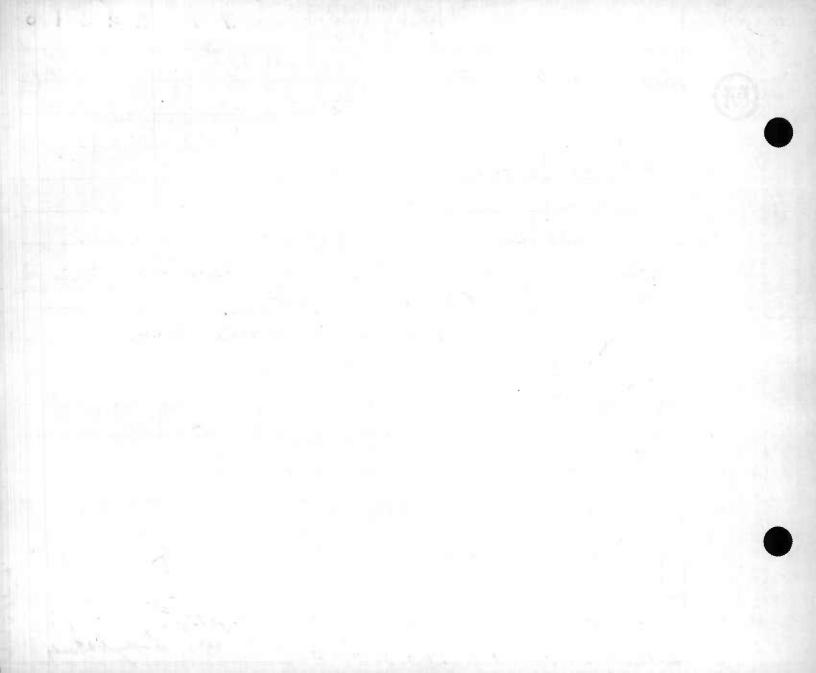
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A O I A	y the here and detacher of Deports of Tricker			22b. SIGNATURE	cias	engli	2	0.0	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	1 15 DA	-17-79	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

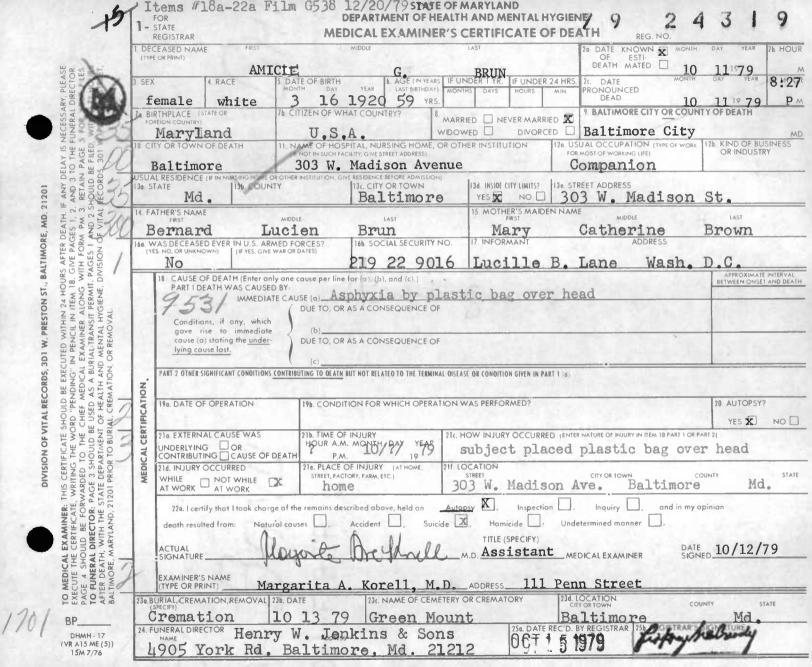
CERTIFICATE OF DEATH

FOR

REGISTRAR

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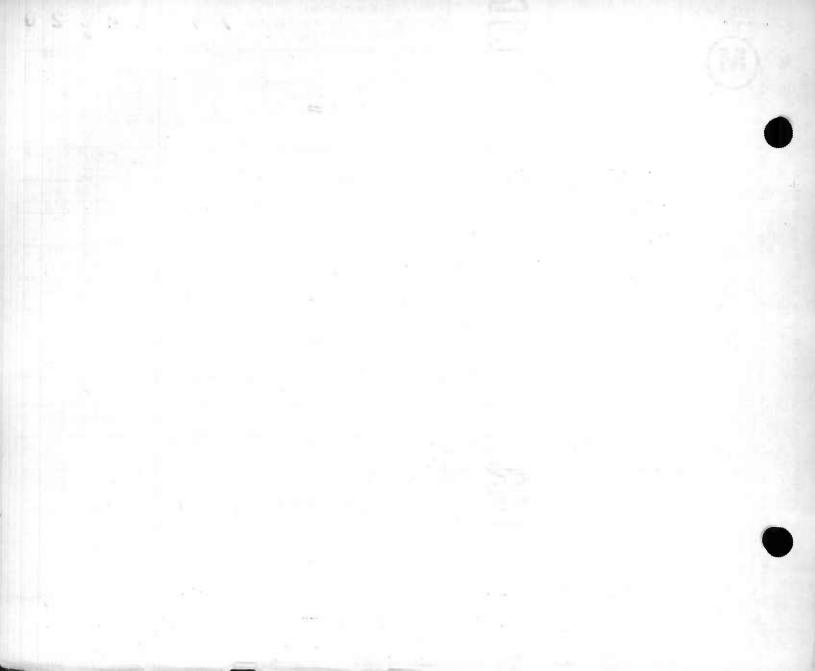
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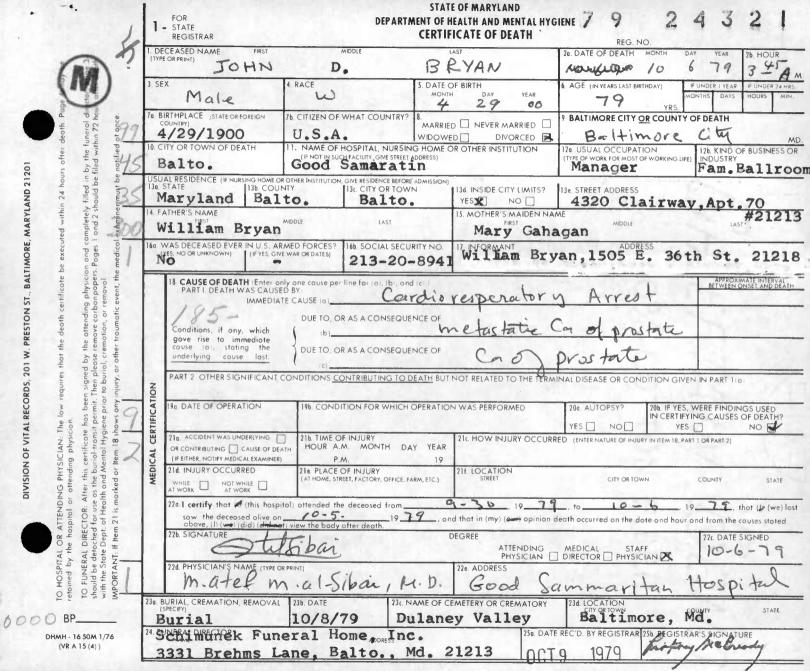


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		FEMALE RTHPLACE (STATE OR FOREIGN	WHITE	WHAT COUNTRY?	DEC	EMBER 24, 189	1 84 9 BALTIMORE CITY	YRS.	DEATH	
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		saw the deceased olive of abave, (1) (we) (did) (did)	on	after death	14.01	nd that in (my) (our) opinion d	leath occurred on the	date and hour on	id from the c	auses stated
		226. SIGNATURE	i i i i anti-			DEGREE			22c. DATE S	
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		224 PHYSICIAN'S NAME (THE	OR PRINT)			22e ADDRESS				***************************************
		ELMO GAYO	SAO M.D.			5411 OLD FR	EDERICK RD).		
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	(5	BURIAL	NOV.2,	1979 Н	AR ZIO	ON TIFERETH IS	RAEL RO	OSEDALE,	MD.	STATE
ı	24. FL	UNERAL DIRECTOR				25a DATE	REC'D. BY REGISTRA		SSIGNATU	JRE
	S	SOL LEVINSON &	RROS RA	6010 REI	MD	TOWN RD. NO	V6 1979	prophy	Ach	early.

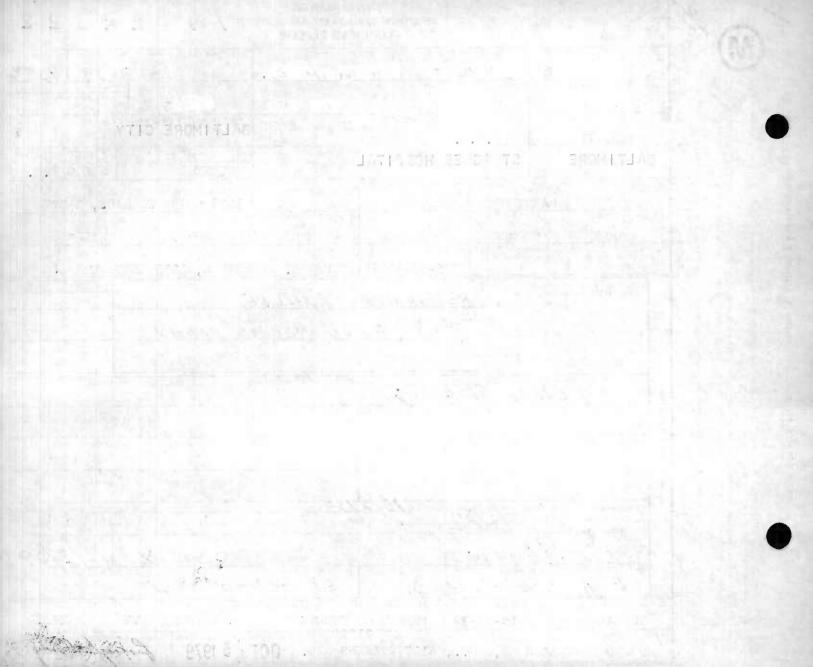




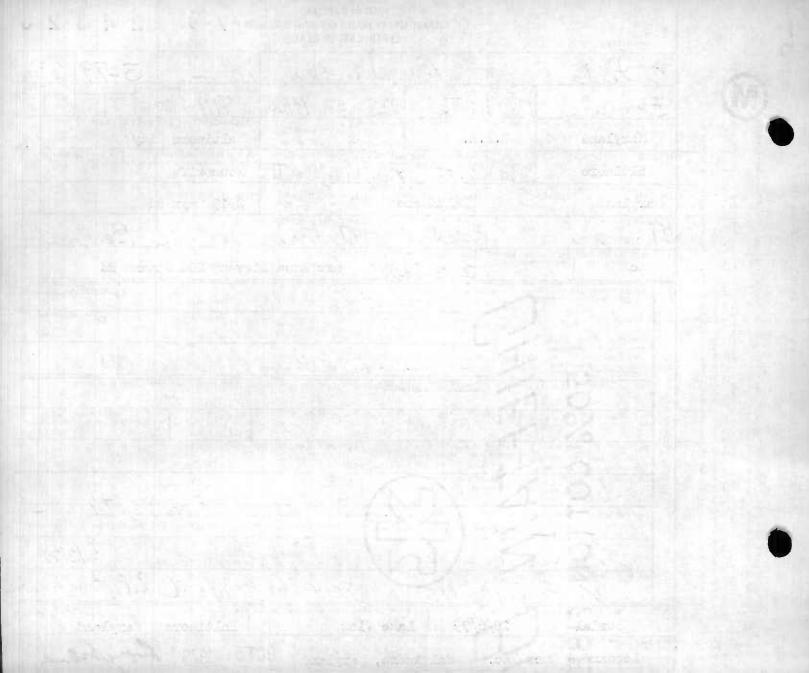
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Surial (0/9/7) Oniance Valley W.Lt. ore, Wd. Schmungk Eugernichten, Inc. 3331 Brehms Lane, Balto., Vd. 21213

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	h. 201	2 200	To BIRTHPLA	CE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COU	INTRY? 8	ARRIED X	NEVER MAR	RIED -	BALTIMO	RE CITY O	R COUNTY	OF DEATH	
	deo deo	B -		YLAND OWN OF DEA	ATH I	U.S.			DOWED [DIVO						MD.
102	by the	- New York	BALT	IMORE		STNOTA G				HER INSTITU	ITION	120 USUAL (TYPE OF WOR CLE)	K FOR MOST OF	ON FWORKING LIFE	INDUSTRY	OF BUSINESS OR
AND 21:	n 24 hou filled in rould be	495 5	13a. STATE MARY			THER INSTITUTION TY IMORE		CE BEFORE ADMI OR TOWN UTUS		NSIDE CITY	LIMITS?	13e. STREET 1235		TERR	ACE, 2	1227
MARYLAND	I within pletely nd 2 sh	\$ 20	14 FATHER'S	NAME FIRST	М	DDLE	LA	AST	15. A	OTHER'S M.		ΛE	MIDDLE		LAS	5.1
	The C	250		JOHN		ORGE		HEIMER		MAF			LOUISA		WILD	
BALTIMORE,	o bud o	opico	YES, NO OR	EASED EVER		VAR OR DATES)	-	L SECURITY		NFORMANT			ADDRE			
LTIM	5 9 5	E P	NO					05-445	6 ES	THER E	E. BUC	HEIME	R, 123	5 LEEI	OS TERI	
BA	physici physici poper movol.	ant, t	18 CAL	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: PCDIA ATDRIC ENTERING								BETWEEN	ONSET AND DEATH			
IST.	ng p bon	c eve	11	IMMEDIATE CAUSE (0) RESPIRATORY FAILURE												
O	tendi e cor	tom.	7	Conditions, if ony, which (b) CHE ASCVD, NEVMOTHORAX												
PRESTON ST	e of mov	trou	gove	rise to imr	nediote) (0)-			1-	D, 14.	2017	0/7	UISA,	X		
3	by th	othe	under	ying couse		DUE TO, O	RASACON	NSEQUENCE	OF							
301	ned pled	y, or	PART 2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
DIVISION OF VITAL RECORDS,	equir n sign Then r to b	n loi	NO	R	EN	11	-A10	UDA								
60	ow repries	No ()	CERTIFICATION 13.0 P. S.	E OF OPERA	TION	196. COND	ITION FOR V	N FOR WHICH OPERATION WAS PERFORMED						WERE FINDINGS USED ING CAUSES OF DEATH?		
ALR	The lo ion. hos	Jows	E L									YES 🗌	NO	YES	_	NO [
- ×		8 6	OR CON	TRIBUTING (216. TIME C	F INJURY	H DAY	EAR 21c	HOW INJUR	YOCCURR	ED (ENTER NA	TURE OF INJUR	Y IN ITEM 18, PAI	T 1 OR PART 2)	
Ö	SICIA ng pl certif certif tentol	or Item 18	(IF EITHE	R. NOTIFY MEDIC	AL EXAMINER)	P.	Μ.		19							
ISIO			WHILE	URY OCCURE		21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY,	OFFICE, FARM, E	TC.)	STREET			CITY OR TOW	N	COUNTY	STATE
20	After os t	morked	WHILE AT WORK		RK -			- //	13/1	9.						
	of or use	is a		rtify that (1) v the decease		offended to	deceosed	from 10	- di sha	, 1	9	, to	d == 4h= d=			that (I) (we) last
	1 d 12 d	E 2		ove, (I) (we) (c		view the body	ofter death.		DEGRI		г, ориноп о	Teom occorre	a on me ao	te ona nour	22c. DATE	
	→ ± → € 0	=		6	111	11 08	1		DeGR	ATTE	NDING _	MEDICAL	STAF		101	2/10
	4OSPITAL ned by th FUNERAL uld be det	Z-H	22d. PH	YSICIAN'S NA	AME (TYPE OR F	MINT)	-		22e	ADDRESS	SICIAN [DIRECTOR	PHYSICI	AND	1/4/	7//
	O HOSPIT etained by TO FUNER should be	MPORTANT	1	=VA	MY	ERS	11.	1.		ST.	AGN	IES	400	50		
	TO Fe should with the	₹-	23a. BURIAL, (CREMATION,	' ' '	23b. DATE	, , ,	231 NAME	OF CEMETI	RY OR CREA		23d. LOCA	TION			
	BP		BUR			10-06	-79			EMETER	RY	BAL	LIMORI	E CITY		RYLÄND
1	DHMH - 16 60M 7/7	3	24. FUNERAL				ADDR	RESS	2122	-	25a. DATE	REC'D. BY R	EGISTRAR 2	Sh. REGISTR	AR'S SIGN AT	USE
	(VR A 15 (4))		HUBBA	RD FUN	ERAL H	OME. I	NC. 4	107 W.	LKENS	AVE.	I DC	51	979	prof	Taplas	rung



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH MIDDLE 2b. HOUR . DECEASED NAME 0 IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DAYS 80 YRS BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED T DIVORCED [126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GIVE STREET ADDRESS) Baltimore Housewife underna USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136 COUNTY Baltimore 13d, INSIDE CITY LIMITS? PIN 13 Onyx Rd NO PA 15. MOTHER'S MAIDEN NAME 14. FAMHER'S NAME MIDDLE / MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IM SOCIAL SECURITY NO (YESTING OR UNKNOWN) I (IF YES, GIVE WAR OR DATED) Mrs Anna Stevens 206 Patann Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per-line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS, A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO I YES [] NOF YES [burial-transit p Mental Hygien sha 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 218 PLACE OF INJURY 50 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (and apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did the view the body after death 22c DATE SIGNED 226. SIGNATURE DEGREE MEDICAL be detact e State De ATTENDING FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22n. ADDRESS 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Y OR TOWN 10/6/79 Burial Lake View Baltimore Maryland BP. 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74 Leonard J Ruck Inc. Baltimore, Maryland



BALTO., MD

21215

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

6010 REISTERSTOWN RD.

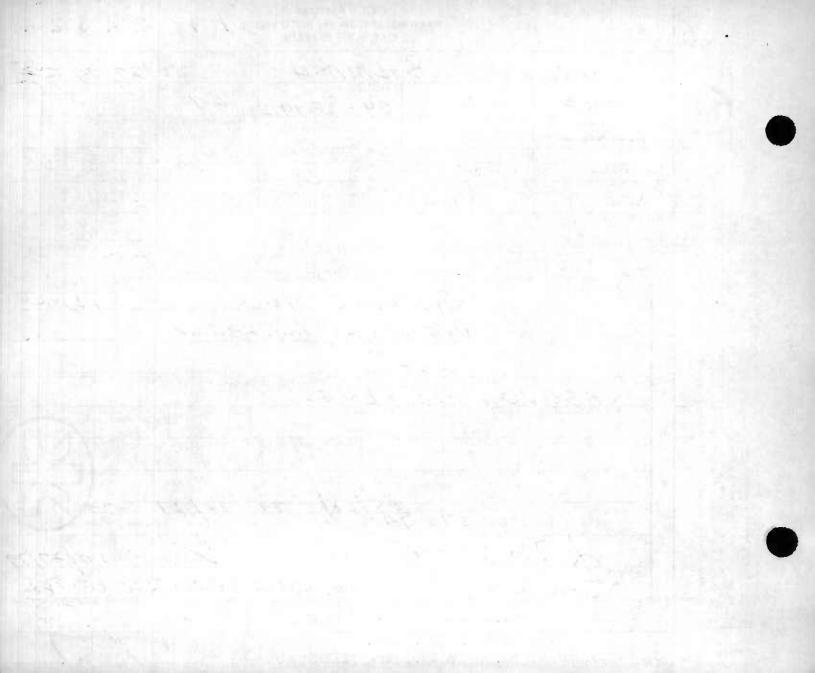
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

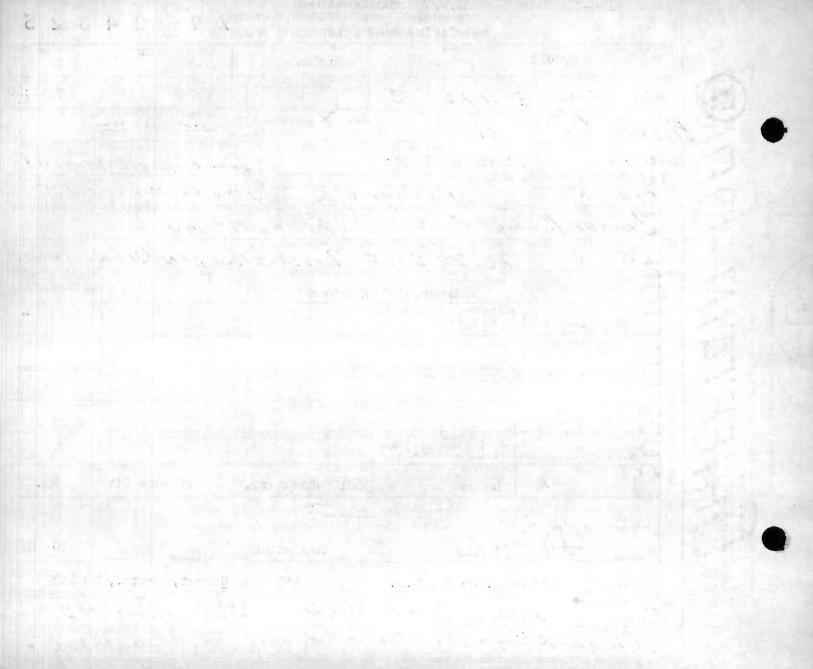
CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR THE FLORE WAS A SECOND



I. D	REGISTRAR DECEASED NAM	AE FIRST	MEDICAL EXA	MINER'S CERTIFICATE OF	REG. NO.	ONTH DAY YEAR 25 HOL
	YPE OR PRINT)	Ernes	t	Burden	OF ESTI- DEATH MATED 1	
	male	black	SH SI 2 C S	(IN YEARS IF UNDER 1 YR. IF UNDER 2 MONTHS DAYS HOURS YRS.	MIN PRONOUNCED DEAD 1	0 9 79 8:3
P	BIRTHPLACE OF OREIGN COUNTRY	Buna	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCEI	= Raltimore	City
Ва	ltimore			rital	120. USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE)	ORK 126. KIND OF BUSINESS OR INDUSTRY
USU 13a.	STATE D	E (IF IN NURSING HOME OI	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE AT 131 TY OR TO		13, STREET ADDRESS VENIM	outhe pola
14.1	FATHER'S NAM	463 B	MIDDLE DEN LAST	15. MOTHER'S MAIDEN	ME CON	LAST
160.	WAS DECEAS IYES, NO, OR UNKN	ED EVER IN U.S. ARA (IF YES, GIVE V	AED FORCES? WAR OR DATES! 237 30 80	335 DELURES	BURDEN/20	6 Idavenswor
		ans, if ony, which rise to immediate	DUE TO, OR AS A CONSEQUE			
NO	lying co	a) stating the <u>under-</u> use <u>last.</u> SIGNIFICANT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	NCE OF HE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
FICATION	PART 2 DTHER	use last.	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE		1 (a).	20. AUTOPSY?
DICAL CERTIFICATION	PART 2 DTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d IN JURY	F OPERATION AL CAUSE WAS G OR ING CAUSE OF D	196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY DEATH	OPERATION WAS PERFORMED? YEAR 21c. HOW INJURY OCCURRED UNKNOWN	(ENTER NATURE OF INJURY IN ITEM 18 PART 10	YES XX NO
MEDICAL CERTIFICATION	PART 2 DTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d IN JURY	FOPERATION AL CAUSE WAS G	196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY DEATH	OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED UNKNOWN	ENTER NATURE OF INJURY IN ITEM 18 PART 1 (YES XX NO [
MEDICAL CERTIFICATION	PART 2 DTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 210. INJURY WHILE AT WORK	FOPERATION AL CAUSE WAS G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK	196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY DEATH	OPERATION WAS PERFORMED? 211. HOW INJURY OCCURRED UNKnown 211. LOCATION 380 STREE Wabash Av. d an Autopsy XX Inspection Suicide J, Hamicide J,	e. CITY OF TOWN TIEM 18 PART 1 C	YES XX NO CORPART 2) OR PART 2) OR PART 2) Md. STATE my opinion
MEDICAL CERTIFICATION	PART 2 DTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. I cer	FOPERATION AL CAUSE WAS G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK fify that I taak charge ted fram: Nature	196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH PAY P.M. 216. PLACE OF INJURY AT HO STREET, FACTORY, FARM, ETC.) 10 12 PLACE 10 10 10 10 10 10 10 10 10 10 10 10 10 1	OPERATION WAS PERFORMED? YEAR 1979 216. HOW INJURY OCCURRED UNKNOWN 3801 REE Wabash AV	e. CITY DE TOWN IN ITEM 18 PART 1 (Inquiry, and in m Undetermined manner	YES XX NO ORPART 2) CENTY Md. STATE
MEDICAL	PART 2 DTHER 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cer death resul ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	F OPERATION AL CAUSE WAS G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK Tify that I taak charge that fram: Natyre	196. CONDITION FOR WHICH 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216 PLACE OF INJURY AT HO STREET, FACTORY, FARM, ETC.) 100 Se 216 of the remains described abave, held gradses Accident Accident	OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED UNKNOWN 21f. LOCATION 380 STREE Wabash Av. d an Autopsy XX Inspection Suicide , Hamicide , TITLE (SPECIFY) ASSISTANT	e. CITY DE TUNINY IN ITEM 18 PART 1 (Inquiry, and in m Undetermined manner	YES XX NO CORPART 2) ORPART 2) Md. STATE ny opinian ATE GNED 10/10/7



BALTIMORE.

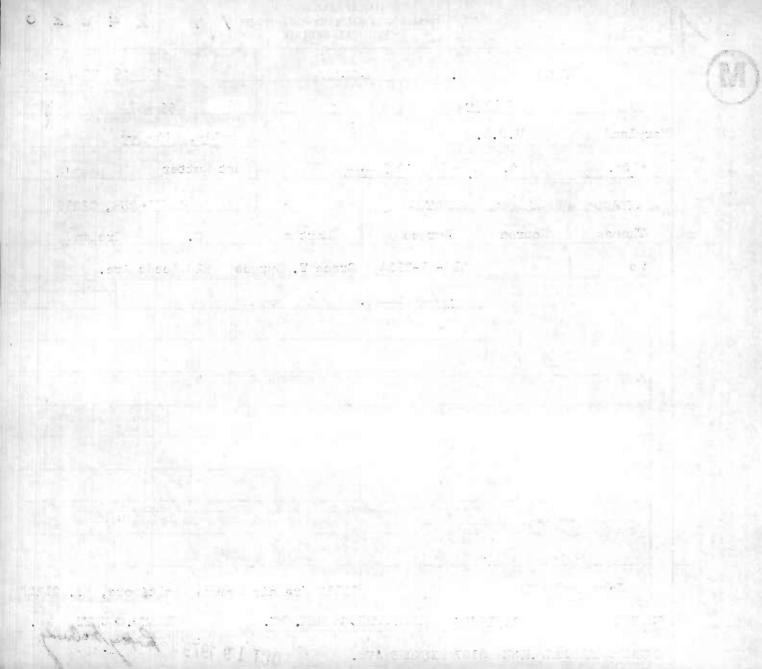
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,

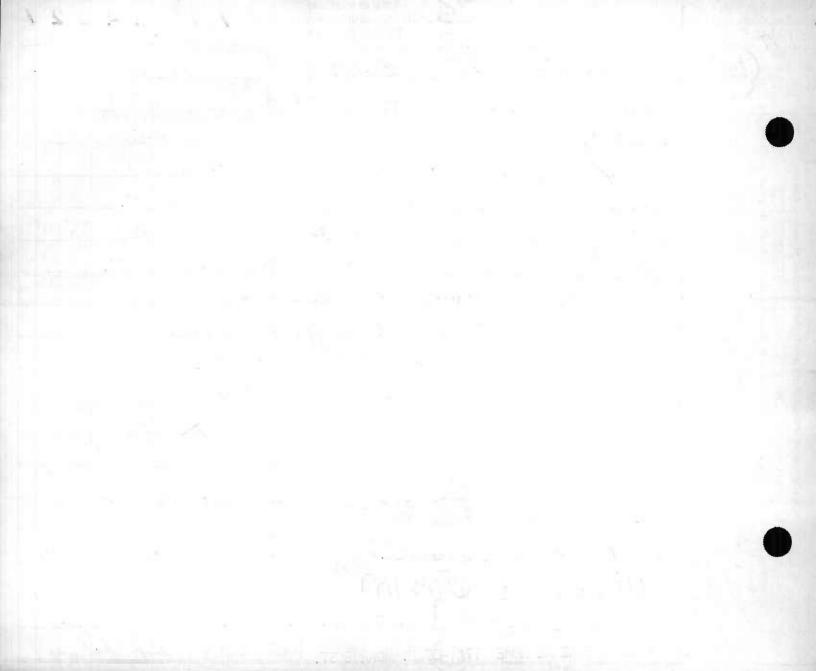
FUNERAL DIRECTOR

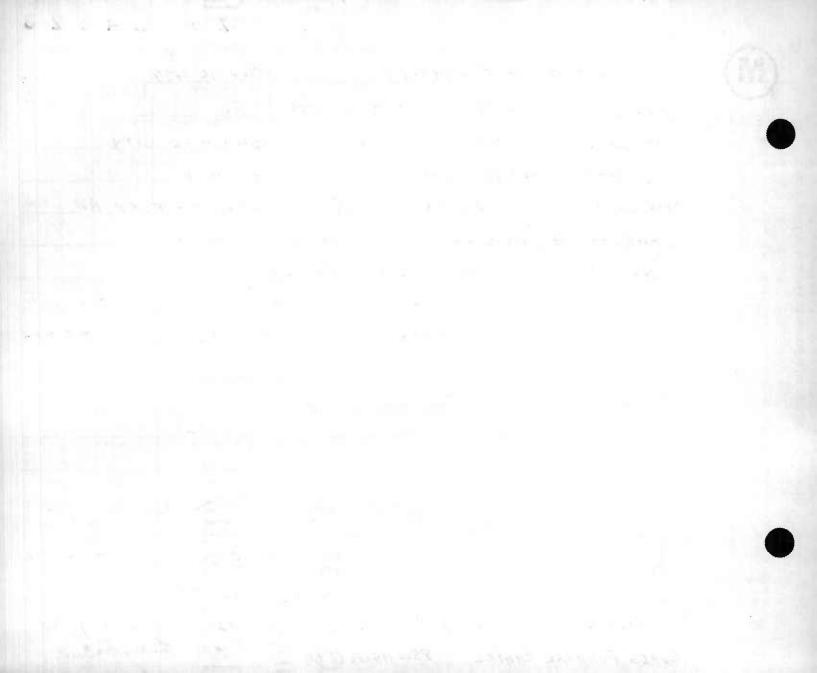
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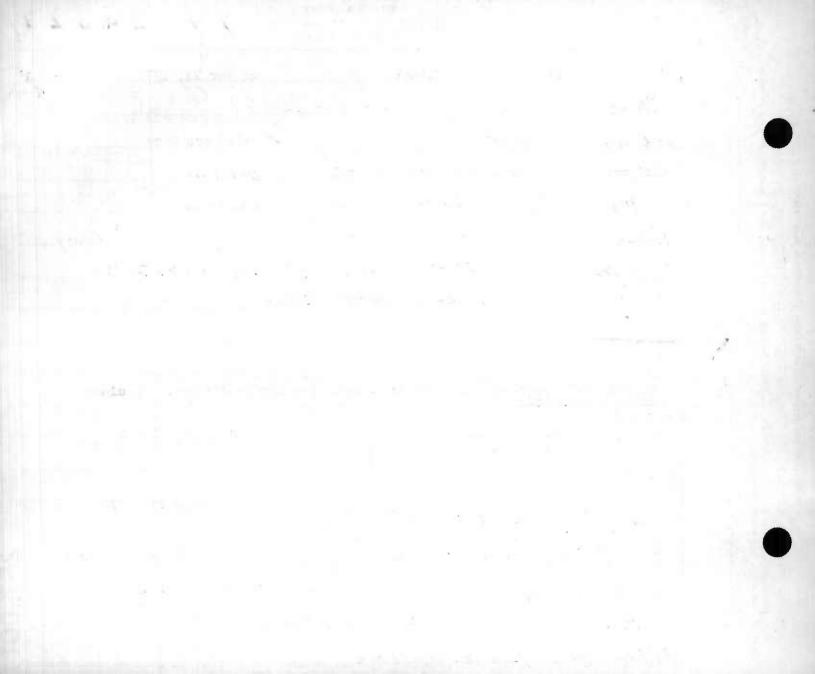
HUBBARD FUNERAL HOME

BP









HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21229

REG. NO

250 DATE REC'D. BY REGISTRAR 256 RESISTRAR'S SHOULAT

YEAR

79

DAYS

26. HOUR

HOURS

APPROXIMATE INTERVAL

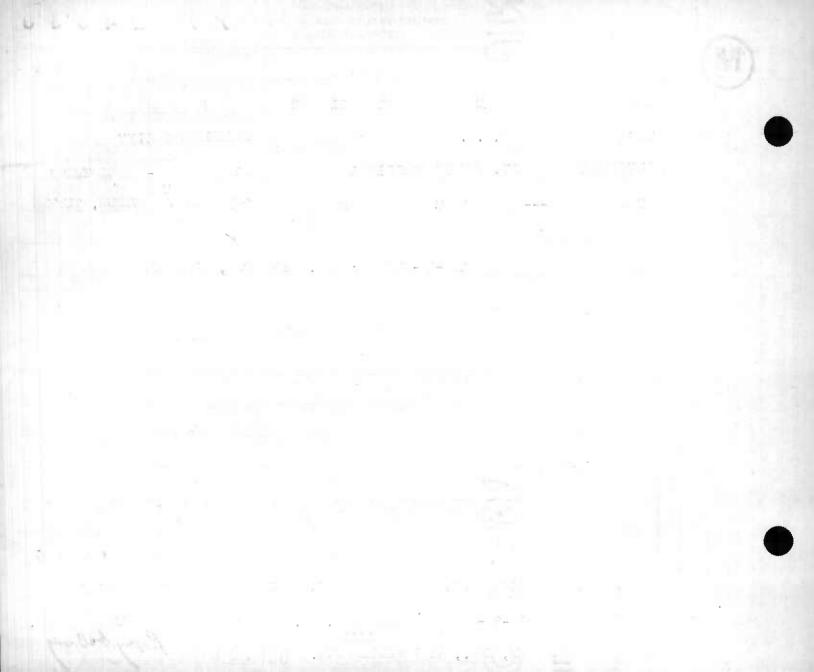
STATE

STATE

MD.

700

IF UNDER 24 HRS



8521

Loch

Raven

E. Johnson

FOR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78 REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

HOURS

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

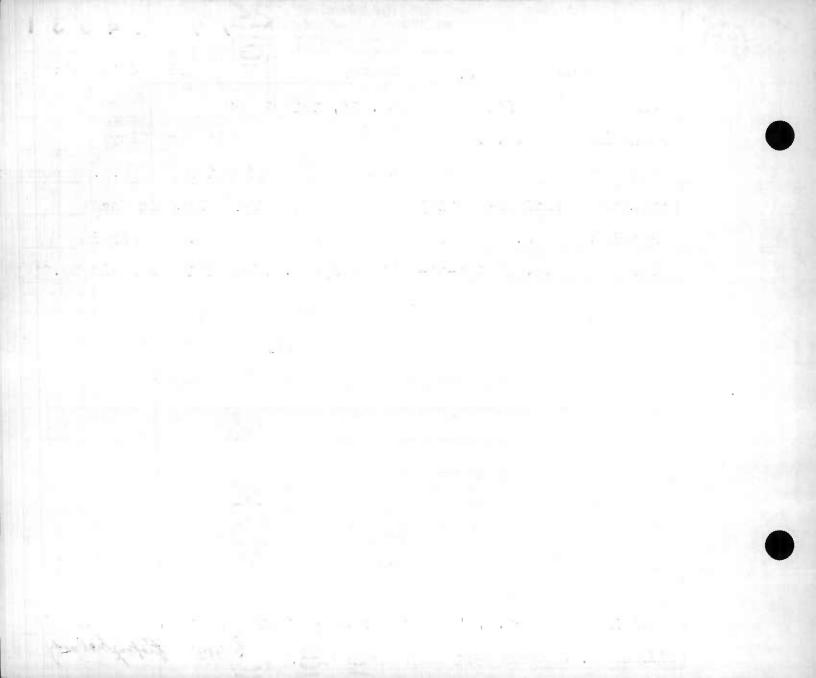
INDUSTRY

U.S.

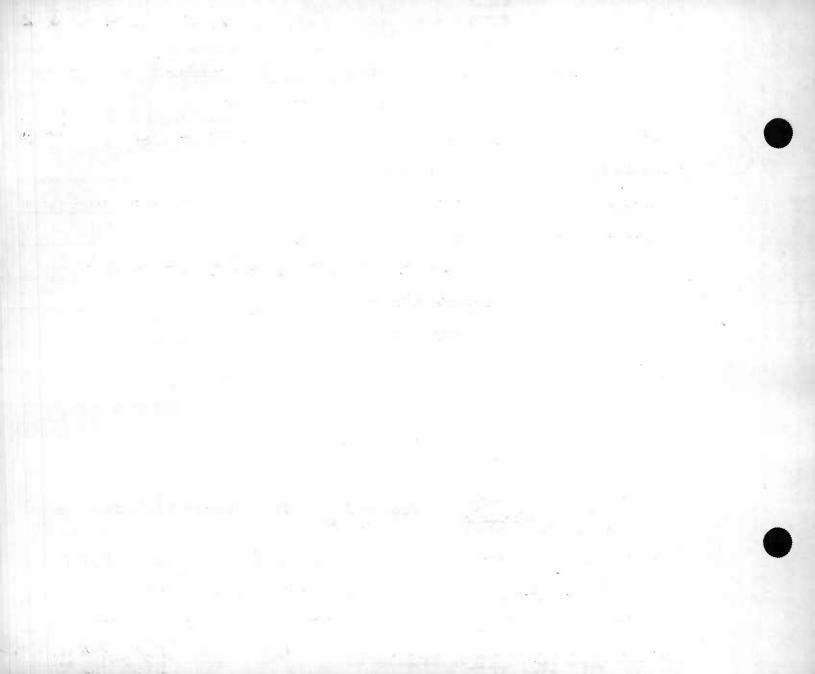
2:54

IF UNIOER 24 HRS

Governme



DIVISION OF VITAL RECORDS,



Walters Funeral Home/Pratt & Stricker Streets

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 17 (VR A 15 ME (5))

30M 7/73

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 CERTIFICATE OF DEATH	9	2	4	3	3	4
	. REG. NO.					

	- STATE REGISTRAR		CERTIF	CATE OF DEATH	, REG. NO.					
17	DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	JAMES	R.	BUF	ENSIDE	10	24 79 M				
3.	SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	М	В.	MONTH 8	25 04	75 YR	MONTHS DAYS HOURS MIN.				
ú 7a	BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY OR COU					
577	S.C.	USA	WIDOWE	NEVER MARRIED	Baltimor	ce City MD.				
0 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME O		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
00	Balto.	(IF NOT IN SUCH FACILITY, GIV	wood St.		(TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) INDUSTRY				
e US	SUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)							
3		OUNTY 131 CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
e 14	FATHER'S NAME	<u>l Bal</u>	to.	YES NO NO NA	707 Longwood	St.				
2~	FIRST	MIDDLE	ST	FIRST	MIDDLE	LAST				
2 14	Anderson was deceased ever in u.s	Burnside	L SECURITY NO.	Lula 17 INFORMANT	H. ADDRESS	Burnside				
o l		GIVE WAR OR DATES)	07-0851	Lucille For		tood Ctroot				
E =	T			Luctite ro	La 707 Long	wood Street				
, t	18 CAUSE OF DEATH (Enter	er only one couse per line for o),	(b), ond (c)	260 011		BETWEEN ONSET AND DEATH				
eve	IMME									
of of	4140	DUE TO, OR AS A TOP	SEQUENCE OF	1. 11.	1-70.000	0				
JO O	Conditions, if ony, which		1 b) Atherosclewic Heal Vislost							
or other t	couse (o), stoting the	DUE TO, OR AS A CON	DUE TO. OR AS A CONSEQUENCE OF SIVE HEAVY failure							
× ×	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTIN	G TO SEATH BUT	NOT RELATED TO THE TERM	INAL DISTASE OR CONDITION	GIVEN IN PART 1(0)				
8 shows ony inful	Old I	frote - wi	the C	rebro Va	scular/usu	thiciancy				
ou o	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 206 A	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
					YES NOTE	YES NO				
S shows	21g. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)				
	OR CONTRIBUTING CAUSE C	FUEATH	19							
AFDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
s morked or	E WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SINCE	CITTORTOWN	COUNTY STATE				
Ē	22a certify that (I) (this 2	ospital) attended the deceased	troll attended the deceased from June 79 19 to October 24 1							
21 12	sow the deceased aliv	the state of the state of		d that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated				
E 3	22b. SIGNATURE	d not visit the body gifer death.	A - C	DEGREE		22c. DATE SIGNED				
=		Jaku	ho	ATTENDING PHYSICIAN	MEDICAL STAFF	10/26/79				
Z	22d. PHYSICIAN'S NAME (T	YPE OR PRINT)		22e. ADDRESS	- 111. 1	101				
MPOKIAN	C. (FAKUBA	B.H. 116	Pikesville	nd 212	08.				
	O. BURIAL, CREMATION, REMO	VAL 23b. DATE	231 NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
-	Burial	10/29/79	Arbutus	Mem. Pk	Arbutus, Mo	1.				

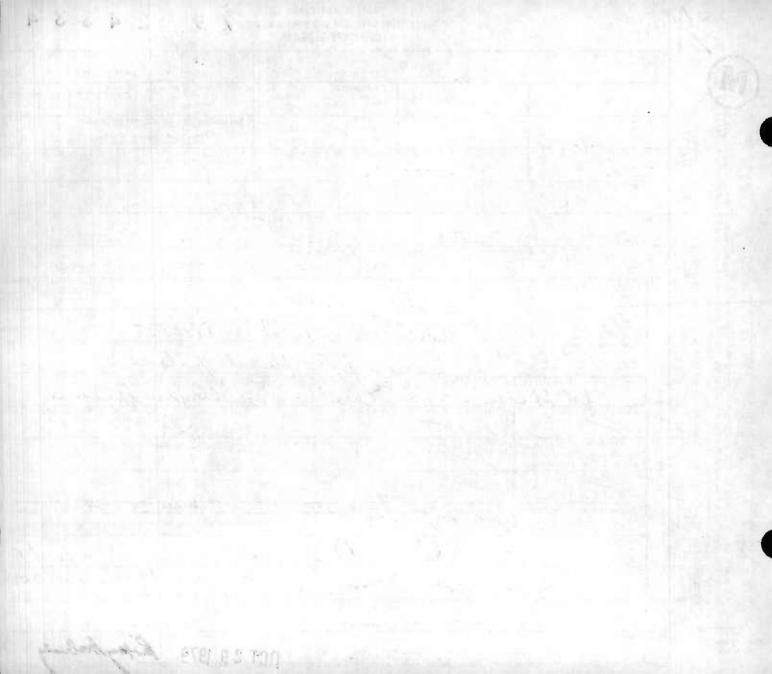
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Wm C March F/H

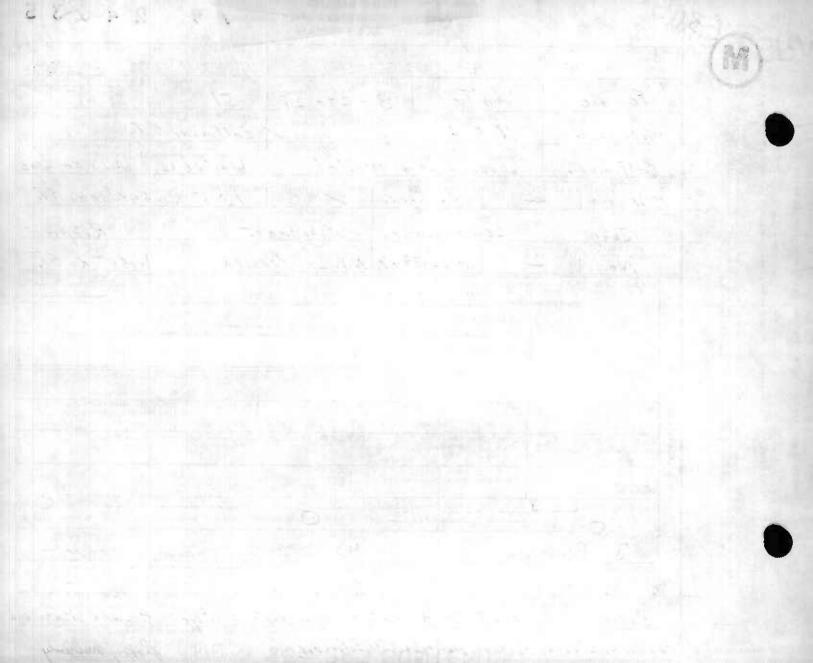
1101 E. North Ave.

0 1070

Lifery Allrody



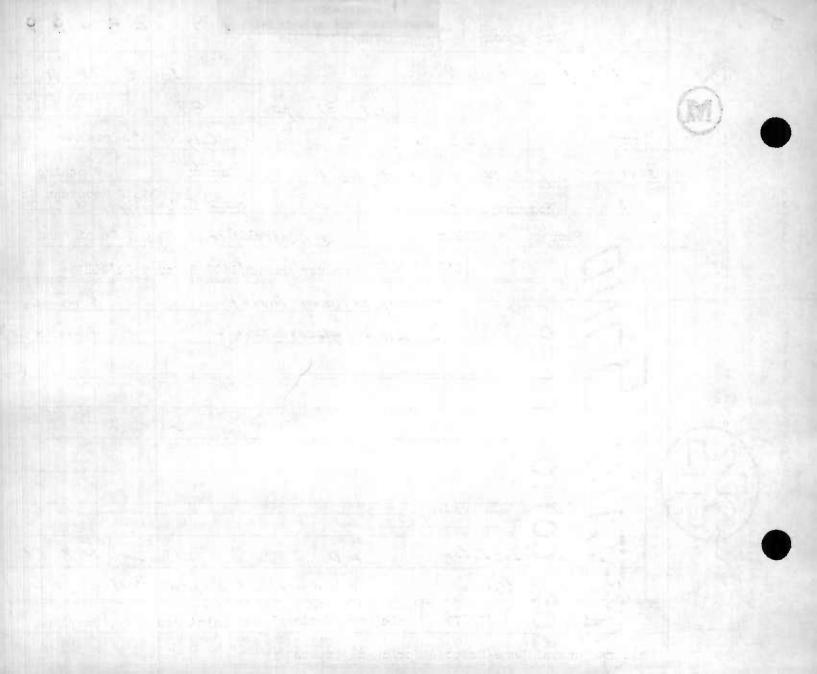
(VRA 15, 4) 1/79



	1	FOR STATE REGISTRAR Mary	Busch	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY ATE OF DEATH	REG. N	0.	3 3	3 6
y be		CEASED NAME FIRST OR PRINT) Mary	Busch.	LAS		20 DATE OF DEATH	D 8	79	HOUR P
ge 4 moy	3. SE	Female	4 RACE White	5 DATE OF MONTH	BIRTH DAY PEAR 92	6 AGE (IN YEARS LAST BIR			FUNDER 24 H
ne in Po		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED [9 BALTIMORE CITY C	OR COUNTY OF		
by the fulled with	1 -	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE U. Maryland	T ADDRESS)	1	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Hemmer	ION)F WORKING LIFE]	126 KIND OF EINDUSTRY Cloth	ing
ly filled in should be must be	13a.			NN 1	3d. INSIDE CITY LIMITS? YES NO .	13e STREET ADDRESS	333 S wodye	Woodye	ar St 2122
ompletely 1 and 2 sh	14 F.	ATHER'S NAME George	Miller LAST		MOTHER'S MAIDEN N	nelia Penniu			
n and co	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO 40	MED FORCES? 166 SOCIAL SEC 215-03-		7-1110101111111111111111111111111111111	ons/1409 S Ca			
ficote thysicion popersion in the first the fi			lly one couse per line for (a), (b), o D BY:	nd (c)	Dr.	rest		BETWEEN ONS	
that the death certical by the ottending please remove carbon iol, cremotion, or renor or other troumotic ev		Conditions, if any, which gove rise to immediate couse ion, stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF JESTIVE	Heart 7	Ellure		2 wes	
quires signed Then pl to buri njury, c	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	rminal disease or con			
ricion. te hos beer sist permit. Giene prior shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH			200 AUTOPSY? YES NO S	IN CERTIFYIN		
PHYSICIAN: The I ending physicion. this certificate has the buriol-transit per ad Mental Hygiene d or Item 18 shows	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)] 216. TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR		JRRED (ENTER NATURE OF INJU	RY IN ITEM 1B, PART	1 OR PART 2]	
무 등 후 들 구 등	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	RIF LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DR ATTEN hospital hospital single for use they for use them 21 is		sow the deceased alive on	tol) ottended the deceosed from to view the body after death. Auldoter	, ond	GREE .D - ATTENDING PHYSICIAN	m death occurred on the d MEDICAL STA DIRECTOR PHYSIC	.FF		GNED
HOSPII ned b sid be of the St		Norman C	Poldsfer4		V. Kecryla	nd Hospita	1 Ball	Lineal !	MO.
or of short with the short of t	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c.		METERY OR CREMATOR	Cem Raltimon	re City	Marst 1	STATE

74 FUNERAL DIRECTOR 21223
Walters Funeral Home/Pratt & Stricker Streets

DHMH - 16 50M 1/76 (VR A 15 (4))



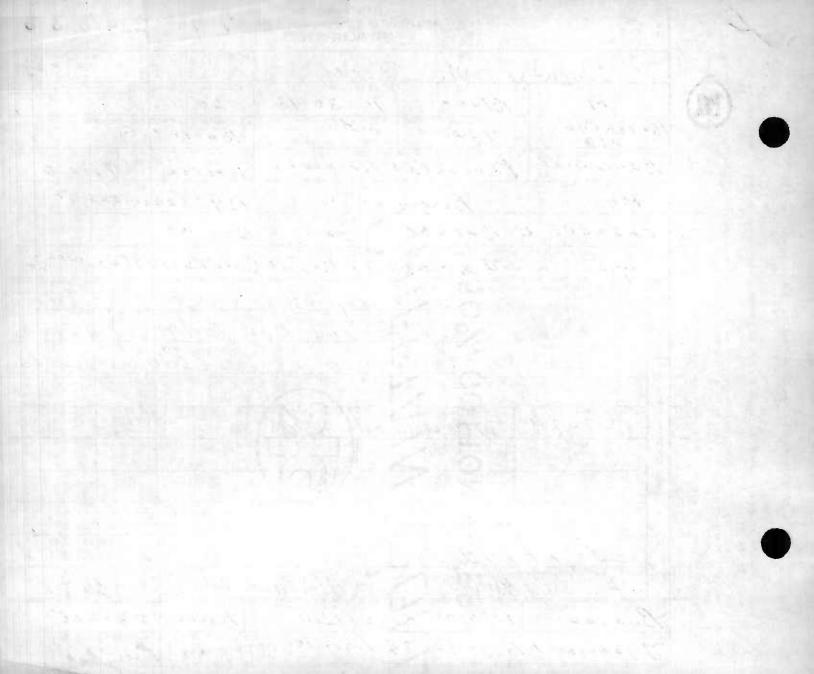
DHMH - 16 50M 7/77

(VR A 15 (41)

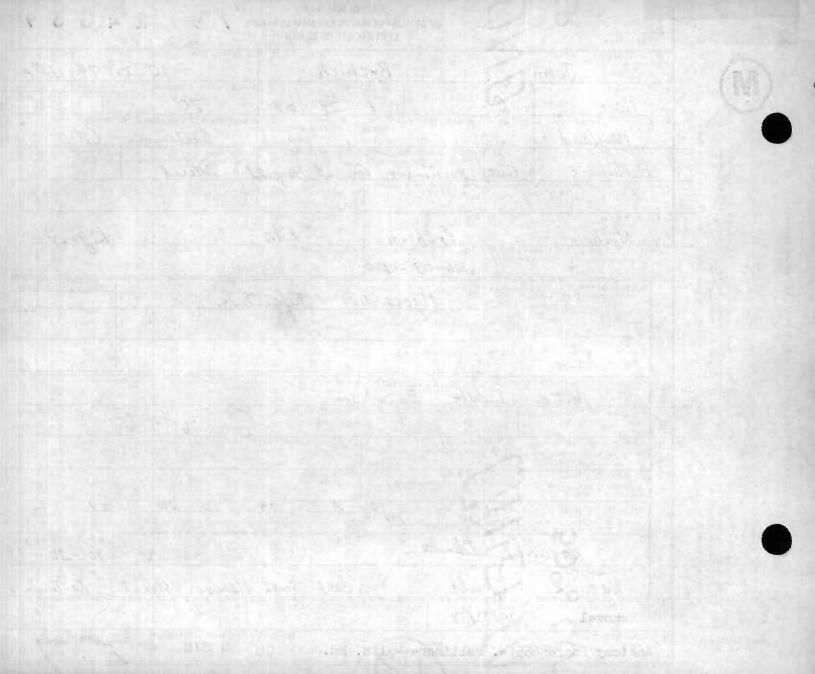
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 2h HOUR IF UNDER I YEAR OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13. STREET ADDRESS 504 Calleway Sve. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE nd that in (my) (aur) opinion death occurred an the date and hour and from the causes stated DIRECTOR | PHYSICIAN 231. NAME OF CEMETERY OR CREMATORY Arbutus Men. Pk. COUNTY STATE 24 FUNERAL DIRECTOR Vermon Bailey F.H. 1348 Callioun St

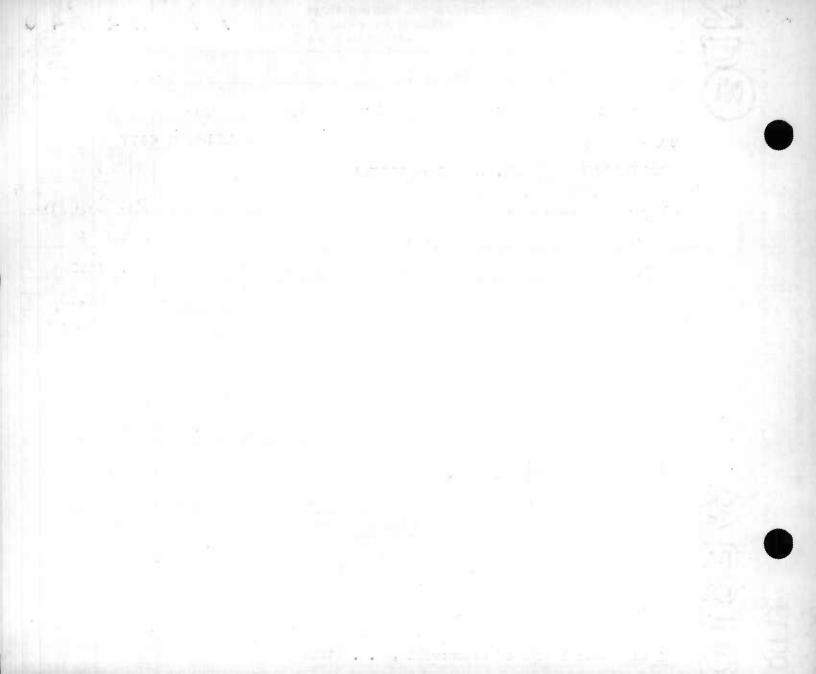
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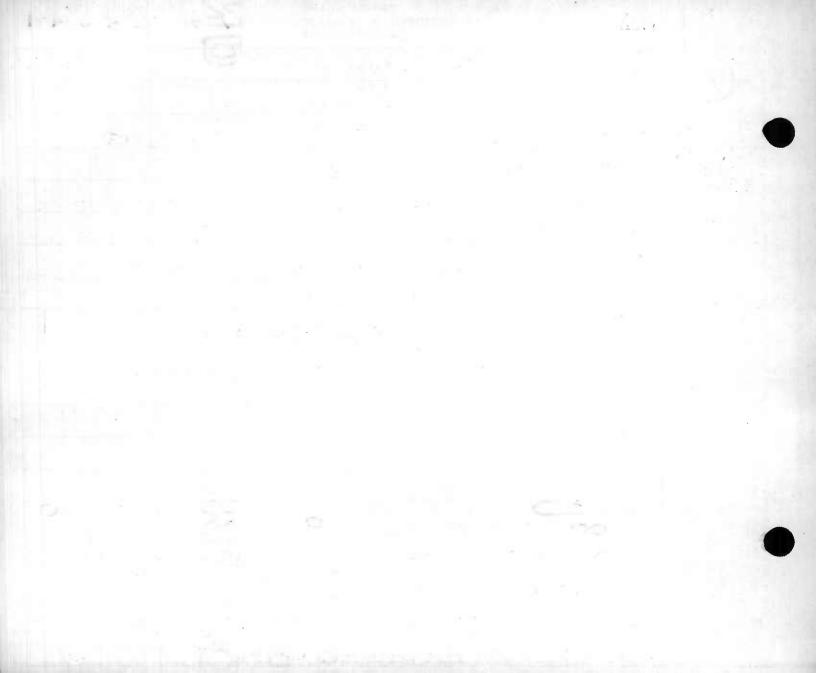
1	FOR - STATE	DEPARTA	STATE OF MARTLAND SENT OF HEALTH AND MENTAL HYG	SIENE 7 9 2	4 3 3 8
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE W.	Butler	20 DATE OF DEATH MONTH	0 - 79 5 3 A
3. 5	EX M	Block	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HOURS M
13	SIRTHPLACE, ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY	Y OF DEATH
39 10	BALPIMIRE	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS
USU 13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY	1 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	P
40	TATHER'S NAME	LIDE BUPWIN	15 MOTHER'S MAIDEN NA	7 7 7	LAST
	WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, GI	RMED FORCES? 166 SOCIAL SECUI			Carswers
	PART I. DEATH WAS CAUS	inly one cause per line (a), (b) and	lice A C / W	Awest	BETWEEN ONSET AND DES
	Canditians, if any, which	DUE TO, OR AS A CONSEQUE	sceof and Ren	al failure	48 hour
	gave rise to immediate cause or, stating the underlying cause last.	DUE TO, OR AS MCONSEQUE	nce of noma of	the Colon	3 week
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART I(a)
CERTIFICATION	190 DATE OF OPERATION 10-7-7 9	1 - (1)	DEPERATION WAS PERFORMED MINAL ABSICSS	200 AUTOPSY? 206. IF YES NO YES YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? IS NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive a	n	9 - 9 , 19 9 , and that in (my) (our) opinian	deoth accurred on the date and hou	19, that (I) (we)
=	22b SIGNATURE	Flady	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
7	77d. PHYSICIAN'S NAME HYPE	PRPRINT)	2400 Liber	ty Hats Ave.	Bat.
230.	BURIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d. LOCATION BY ORTOWN W	SOUNTY 2 23 STATE
24	TWEE AND GON Y	1 / Laye 6 20 grs 7	91/mon 14 250 DAT	E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE

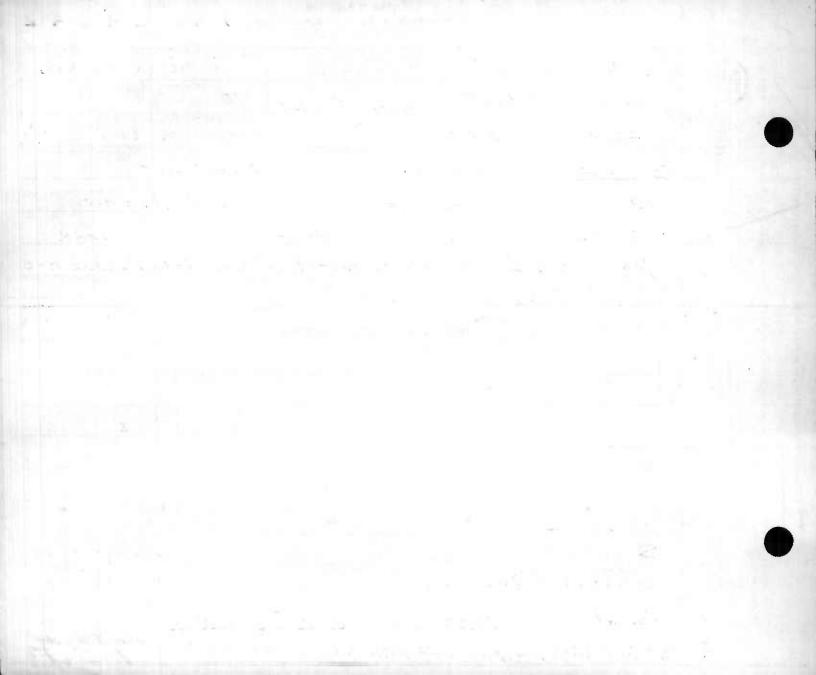


	1	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7 9	2 4	3 3 9
AN .		ECEASED NAME FIRST TOPH	MIGGLE	By	chich	20. DATE OF DEATH		YEAR 26 HOUR 79 150
CIV.	3. S	Male	J.C	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS: YRS	DAYS HOURS
rer deat Prefer de funer de funer de within 72 refied at ance.	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) May land CITY OR TOWN OF DEATH	₩ C TIZEN OF WHAT COU	MARRIE		Ball	lmore	City
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in 24 ho y filled i should b	7 10	STATE ISB COUN	NTY 13c. CITY O	PR TOWN	138. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS		20/75
amplete 1 and 2	9	Nichols	MED CORCESS THE SOCIAL	Chich	FIRST Ella	7 ADDR	FSS	19roy
te be execution and critical and critical and critical and critical and critical the medical	1 60	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	USECURITY NO.	17. INFORMANT	ADDR	E Y	APPRÖXIMATE INTERV.
ne low requires that the death ce on. This been signed by the ottending permit. Then please remove corb permit. Then please remove corb permit. Then please remove corb permit in the burial, cremotion, or was any injury, or other traumatic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION Suddle 196 CONDITION FOR Y	NSEQUENCE OF NG TO DEATH BUT	ish	20a. AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH
N. Th		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES	NO [
the the property	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUP	NTY STA
TEN or us of He		220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	10-20	100 J	nd that in (my) (our) apinia	9, to	, 17	2 , that (I) (we am the causes state
he he he had he be be be he		22h SIGNATURE Kazus	aki Olent	70	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF & a	. DATE SIGNED
TO HOSPITAL TO FUNERAL should be de with the Store		Kazuaki	Okubo		300/ South	7,,,,,	Street	Baltuin
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFIC MEMOVAL)	10/21/79	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24	Anatomy Board 6	55 W. Baltim	ore Balto	250. D	CT 29 19/9	. 25b. REGISTRAR'S S	900 Bleedy



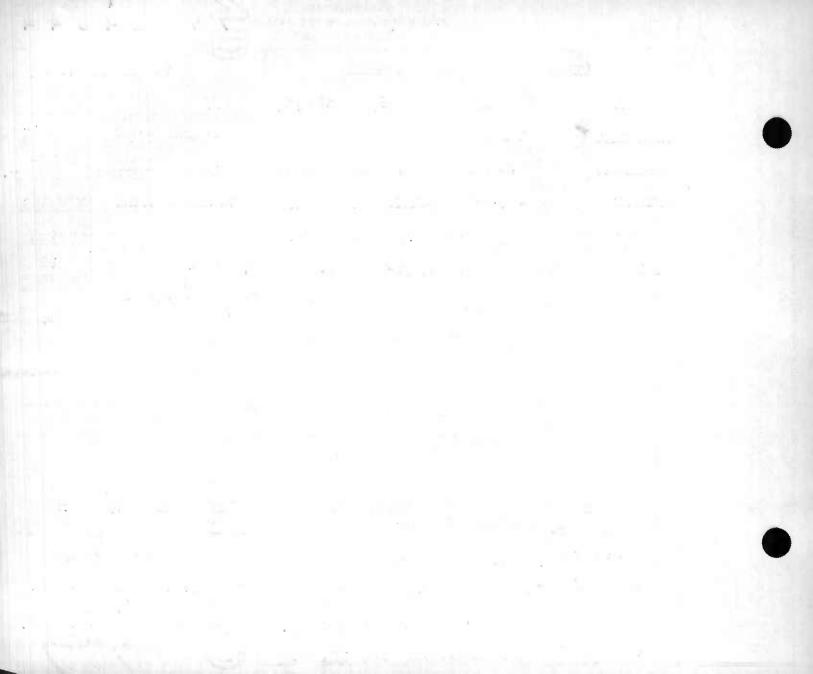






2	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE PREG. NO.	24343
1-25	I DE	CEASED NAME FIRST	WIODIE	CA MORELY	2a. DATE OF DEATH MONTH	DAY YEAR 25 HOUR -19-79 3155
(14)	3. SE	MARGARE	A RACE NEGRO	5. DATE OF BIRTH MONTH DAY YEAR JAY JAY JAY JAY JAY JAY JAY J	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HIS.
	To B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTY	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	B BALTIMORE CITY OR COL	INTY OF DEATH
on the fundamental south of the fundamental so	Boll	ATIMOSE	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	176. USUAL OCCUPATION (FIPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
LAND 2120	05U 13a.		OR OTHER INSTITUTION, GIVE RESIDENCE BE NTY 130 FITY OR T	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	AKLEY RU
, MARY ompletel 1 and 2		SCHN	W, SLAUG	HTER ELS/	MIDDLE	SLAUGHTER
be executor ond c	160	NAS DECEASED ÉVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SIZE WAR OR DATES) 217-34	- 2248 BRENDA	JOHNSON 3	107 DAKLEY A
ST., BAL ertificate ig physici ponpaper removal.		PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b) ED BY: (TE CAUSE (a)	piratory assert	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON of the death control of the ottendir se remove cort cremation, or		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	ble Intracellant	Bleeding.	
20 Ple	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(01
he low r on. hos bee hos been prior tene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. Ifter this certificate has been sig os the bural-trons permit. Then th and Mental Hygiene prior to be orked or Item 18 shows any injury		2]a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJURY IN ITEA	vi 18, PART I OR PART 2)
DIVISION DING PHYS or attending After this can the bure of the bur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI Into or use or use of Heal		sow the deceased alive ar above, (I) (we) (did) (did no	pital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	'74	n death occurred on the date and	d haur and from the causes stated
TAL OR AT yy the hosp RAL DIRECT detoched f tote Dept.			us		MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 10-19-19
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store		GIND DI	USTIONED	Sinai	Hospital	
7717 BP		BURIAL, CREMATION, REMOVAL SPECIFY) BULIAL	10-23-79	3. NAME OF CEMETERY OR CREMATORY	GE PAYDALLS	TOWN MD.
DHMH - 16 50M 7/77 (VR A 15 (4))		WARE DIRECTOR NAME	4km LIBE	TUHSTE AT OC	ATE REC'D. BY REGISTRAR 256. RE	if frag / Karre

2012 PT-PF- (A) MAGNET L C. T. CLARES SELL STATES FEMALE 100 July 100 THE ME LETTER TO THE SECTION OF THE STATE OFFICES AND STAND DE STANDARDE ELSE LEAN JOHN SOUTH TOHING SIEP DELET Charles in November 2017



			10		STATE OF MARYLAN	ND .	
	8	1		FOR STATE	DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE 7 9 2 4	3 4 5
		/~		REGISTRAR	CERTIFICATE OF DE	ATH REG. NO.	
			ī	DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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	Мау	I TWE	3	SEX	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	IDER 1 YEAR IF UNDER 24 HRS
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	Page	11 0	2007	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY OR COUNTY OF	DEATH
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	op is	34 6	54	CITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT	TUTION 120 USUAL OCCUPATION 1	26 KIND OF BUSINESS OR
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	ecute	ges 1	1 10	a WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN	ADDRESS	
IMORE	Φ Α	Pages Pages medica		(YES NO OR UNKNOWN) (IF YES, G	113-07-62-80 Mrs E	da DiJulio-3528 l	5, fayette
SALT	ate b	person	F	18 CAUSE OF DEATH (Enter	anly ane couse per line far (a), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	÷ e			gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF A	•	
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ORD	8	t. The		Mild Kei			
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	o Pe	0 20 4		27 SIGNATURE	DEGREE	TENDING MEDICAL STAFF	IN DATE SIGNED
	ITAL by th		1	0	Darrie Ph	TYSICIAN DIRECTOR PHYSICIAN	10/20/17
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	eto in	TO FUNERAL should be det with the State IMPORTANT:		70NN 1.	THE NO THE THE	I I I I I I I I I I I I I I I I I I I	1.100
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1)			REGISTRAR CEASED NAM	E FIRST	M	MIDDLE	EXAMINE	R'S C	ERTIFIC	ATEC	OF DEA	TH	REG. NO		DAY	YEAR	2b. HOUR
-	TANKS!	(TY	PE OR PRINT)	Jos	eph		5		Cap	ecci		OF DEATH	MATED [10	9 ,	70	M
		3. SEX	x ale	white	5. DATE OF BIRT	H /2/8/21	6 AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER		PRONOUNG DEAD	CED	10	9 1	9 79	7:23 a. _M
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	Y IS THE GEE OIL		Balti	of DEATH imore		imor e	City	spit	R INSTITUT	ION	FOR M	AL OCCUPA OST OF WORK	ATION (TYPE ING LIFE)	OF WORK	OR I	O OF BUS NOUSTRY	INESS
21201	AND RETAIL		AL RESIDENCE STATE MD	(IF IN NUTSING HOME O		13c. CITY	BEFORE ADMISSION OR TOWN		13d INSIDE CI YES	TY LIMITS? NO 💯	13e. STRE	ET ADDRES	s su	NBI	ERR	-	RD
WD.	TER DEATH. I		SA/	RAPHIN	MIDDLE		ECC1		15. MOTHE	R'S MAIDE	A	MID M,	DOLE		LA	ST	
BALTIMORE,	SIGHT]6a. \ (Y	WAS DECEASED	DEVER IN U.S. ARA OWN) (IF YES, GIVE Y	WAR OR DATES)	16b. SOC 2/	3 14-53		17. INFORM	NC	- 0	APE	ADDRESS CC1		AG	300	E
ST.,	N 24 HOURS I ITEM 18. G ALONG WIT PERMIT. PA YGIENE, DIV		18. CAUSE O PART I DE	OF DEATH (Enter onl EATH WAS CAUSED IMMEDIAT	ly one couse per li D BY: TE CAUSE (Art			c car	cdiova	ascul	ar di	sease			BETWE	ROXIMATE II EN ONSET A	NTERVAL IND DEATH
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RECORDS,	AED AS AS WAT	NO	PART 2 DTHER SI	IGNIFICANT CONDITIONS		TH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE	DR CONDITION	GIVEN IN PA	RT 1 (a).						
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DIVISION OF VITAL	CERTIFICATE SE TING THE WOR DED TO THE C E 3 SHOULD BE DEPARTMENT OF PRIOR TO BURIA	MEDICAL CERTIFICATION		AL CAUSE WAS OR NG CAUSE OF D		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PAI			
DIVISIO	R: THIS CERTING: TE, WRITING: PRWARDED T: PAGE 3 SH STATE DEPAI	MEDIC	21d. INJURY C		21e. PLACI	E OF INJURY ACTORY, FARM, E		211. LOC 57	ATION			CITY OR TOW	N	COL	YTAL		STATE
			220. I certif	fy that I taok charge	e of the remoins d	lescribed aba	ve, held on	Autops	Homic	Inspection		Inquiry (d in my op	inion		
	L EXAMINER E CERTIFICAT OULD BE FO OULD BE FO AL DIRECTOR H, WITH THE MARYLAND,		ACTUAL SIGNATURE	4	5u	aid	, 30101	M.	TITLE (SI		nt	CAL EXAMI		DATE	_ 1	10/10	/79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	-	EXAMINER'S (TYPE OR PRIN	NAME NT) H	lormez R	. Guar	d, M.D		DDRESS_	L11 P			Balt			201	
	Bb——— BATI	23a.B	URIAL, CREMA	TION, REMOVAL 2			IAME OF CEME					CATION	0	COUN	NTY	STAT	Œ
	DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. F	UNERAL DIREC		ADDRE	3 6	o M.	ACI		?5a. DATE F	OCT	REGISTRAR	256. REGIS			re Ch	ody
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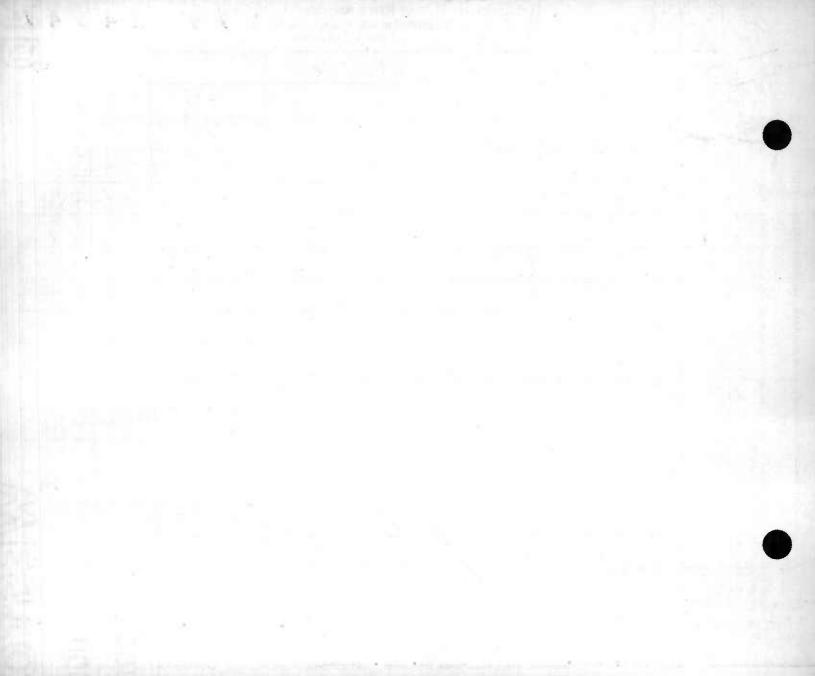
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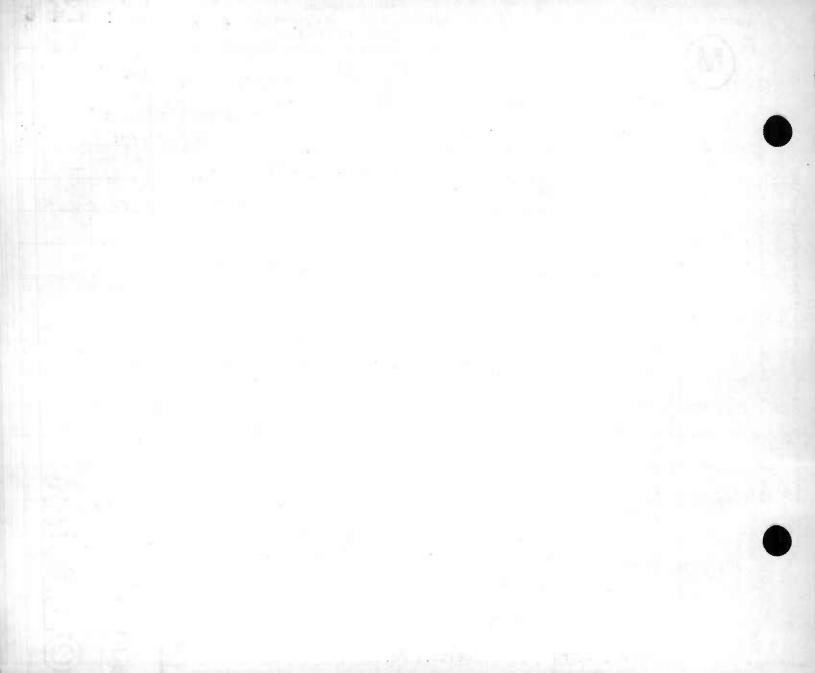
Balto. Md.

(VRA 15, 4) 7/78

Home,

Inc.





83	1-	FOR STATE REGISTRAR		EPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO'S CERTIFICATE OF		2 4 3 4 9
		CEASED NAME FIRST	Charles	D.	Carroll	20. DATE KNOWN OF ESTI- DEATH MATED	
		male black	5. DATE OF BIRTH MONTH DAY 12 2	59 19 YRS.		HRS. 2c. DATÉ AIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR 10:56
FUNERA S. FOR W. PRES	FC	RTHPLACE (STATE OR DREIGN COUNTRY) Maryland	76. CITIZEN OF WHA	A. w	DOWED DIVORCED	Baltin	more City MD.
O CS FEE STO	В	TYORTOWN OF DEATH	McKeldon		OE.NorthernPky	20. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
T201 " ANY [AND 3 RETAIL HOULD	13a S	AL RESIDENCE (IF IN NURSING HOME TATE 13b. COU aryland ATHER'S NAME	E OR OTHER INSTITUTION, GIVE NTY	13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? 13 YES MO 1	street address 1215 Lynwort	th Avenue
MORE, MD. 2 FTER DEATH. II E PAGES 1, 2, FORM PM 3. ES 1 AND 2 SI ON OF VITAL	16a \	James VAS DECEASED EVER IN U.S. A		Carroll, J	r. Henriett	WIDDLE	Ennis LAST
BALTI JRS AI WITH PAGI	-	18 CAUSE OF DEATH (Enter of	ve war or dates)	gr (a) (b) and (c))	Henrietta	Ennis 1215 Ly	ynworth Avenue APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 301 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOL RD "PENDING" IN PENCIL IN ITEM 18 THEF MEDICAL EXAMINER ALONG Y USED AS A BURIAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NO	Canditions, if any, whice gave rise to immediate cause (a) stating the underlying cause lost.	h de r DUE TO, OR A DUE TO, OR A (b) DUE TO, OR A	Ltiple Stabwood Aconsequence of S a Consequence of	DISEASE OR CONDITION GIVEN IN PART 1	(e).	
OF VITAL REC ATE SHOULD E WORD "PEN ITHE CHIEF N HID BE USED. A MENT OF HERA.	CERTIFICATION	19a. DATE OF OPERATION		ON FOR WHICH OPERATION			20 AUTOPSY? YES 🙀 NO □
TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE PORWARDED TO THE CHITICATE PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL CEI	22a. I certify that I took cho	F DEATH ? P.M. 21e PLACE OF STREET, FACTO State rge of the rempins descriptions of the rempins description of the rempins descr	MONTH DAY YEAR 10/5 19 79 INJURY (ATHOME, 12 RY, FARM, ETC.) University	found stabbed If LOCATION STREET 1700E.Northern Autopsy Inspection Homicide XX IIILE (SPECIFY)	nParkwy, Balt	COUNTY STATE
TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOULD TO FUNERAL IN AFTER DEATH, W BATTIMORE, MAR	23a.B	URIAL CREMATION REMOVAL		Guard, M.D.	Assistant address_111 Pen	_MEDICAL EXAMINER	
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. F	Burial UNERAL DIRECTOR NAME M. C. March F/1	10/11/79 H 1101 Fast	King Memor	rial Park	Baltimore C'D. By REGISTRAR 1979	COUNTY STATE MANY LAND GISTRAR'S SOLVATURE

The latest to regular growth and the property of the second secon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKIIF	ICATE OF DEATH	REG. N	10.		
	DECEASED NAME			AIDDLE	1	AST	20 DATE OF DEATH		Y YEAR	26 HOUR
	(PE OR PRINT)	John		W.	Car			10-2	4-79	1035PM
3 S	SEX -	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	/	PIJNOER I YEAR	HOURS MIN
	Male		Whit	To the second	11	-10-14	64	YRS		HOURS MIN
10	BIRTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIE	XX NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY C	OF DEATH	
7	Maryland		U.S.	A.	WIDOWE		Baltimor	e City		MD.
10	CITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		DROTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
	Baltimore	-	Sinai	Hospital	L		Correction			of Md.
130	UAL RESIDENCE (IF NUR	ING HOME OR O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
M	laryland	Balti		Woodlawn		YES NOXX	5313 Clif		e. 212	07
14.1	FATHER'S NAME	MI	DOLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	7
	Walter		3.	Carrol	L1	Agnes	G.		Leona	
160	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR		21:	207
-	no	(IF YES, GIVE V	VAR OR DATES	216-03-5	5306	June Hillary	Carroll, 5	313 C1:	ifton A	Ave.
	18 CAUSE OF DEATH W	H (Enter only VAS CAUSED IMMEDIATE	CAUSE (o)	CARDIC	0-M	ESPIRATOR	1	EST		IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony	, which	DUE TO, OF	DISSE	= MI	NATED	CARCIA	0144		
	gove rise to imi couse (a), statil underlying couse		DUE TO, OF	R AS A CONSEQUE						
NO		NIFICANT CO	ONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 10	27
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	T 1 OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE (19	211 LOCATION				
ME		HILE 🗀		EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (I)		l) attended the	deceased from_	101	19 7	9 10/	29 19	79	that (I) (we) lost
	sow the deceas above, (I) (we)	ed alive on _	101	24 19	790	nd that in (my) (aur) apinion o	death occurred on the c	late and hour		
	22b. SIGNATURE	aid / did not)	view the body:	h-O	11	DEGREE	100	(M)	22c. DATE	SIGNED /
	M	MO	w/	nun	X,	M PHYSICIAN	MEDICAL STA		101	12477
	22d. PHYSICIAN'S N	AME (TYPE OR F	AST	HANL		22e ADDRESS SINM	HOSP	ITAL		
23a	BURIAL, CREMATION,	REMOVAL	23h DATE			EMETERY OR CREMATORY	23d. LOCATION CUY OR TOWN		OUNTY	STATE
	Buria	1 "	10-2	7-79 Lo	rain	e Park Cemeter	ry Woodlaw	n, Bali	to.Co.	, Md.

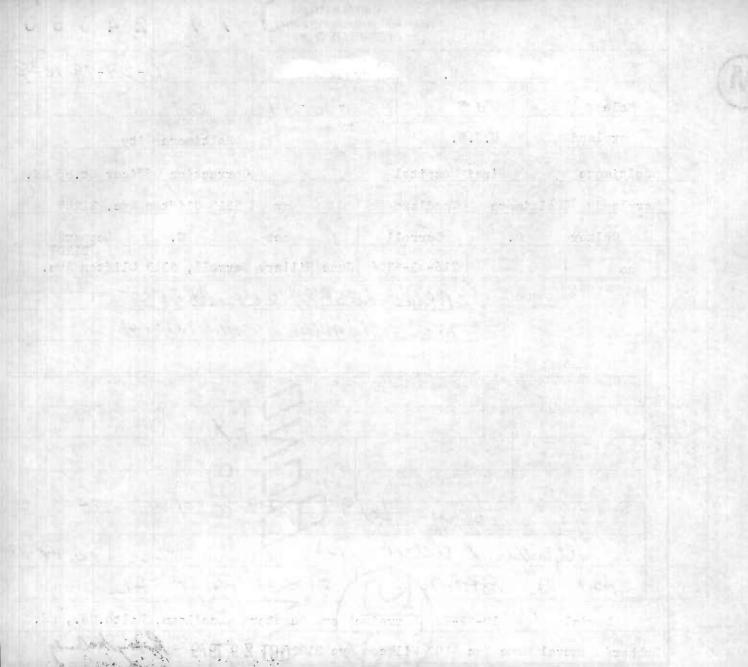
DHMH - 16 60M 1/75 (VRA 15 (4))

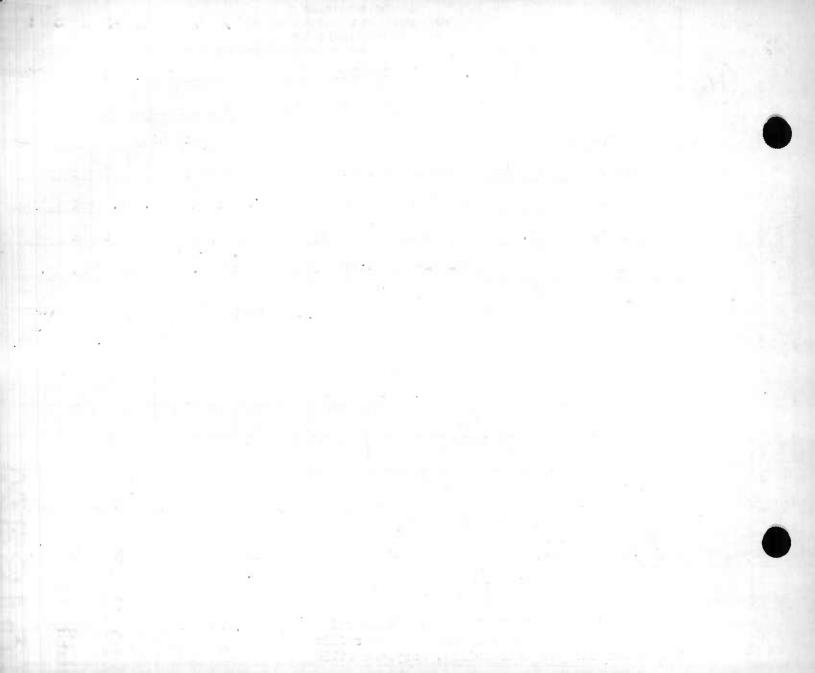
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FOR - STATE

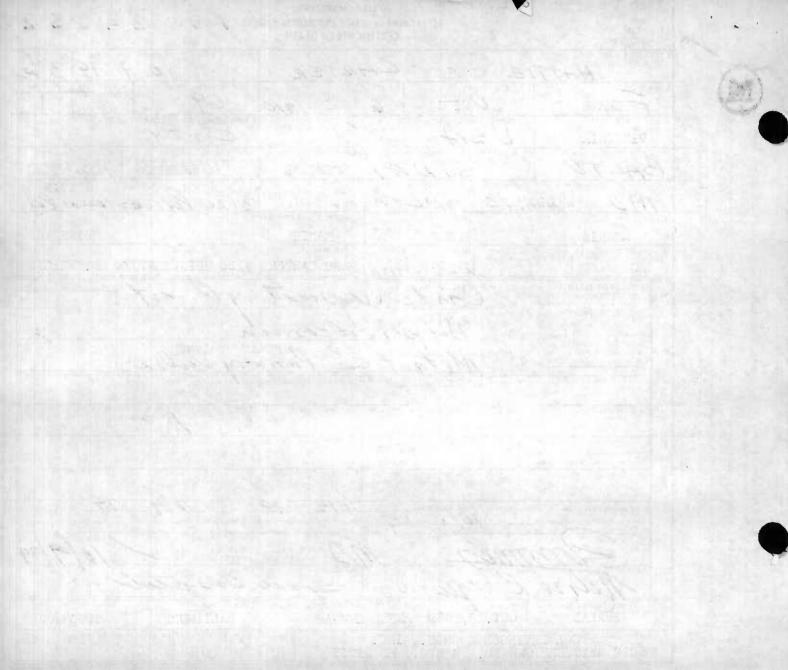
Woodlawn, Balto.Co., Md.

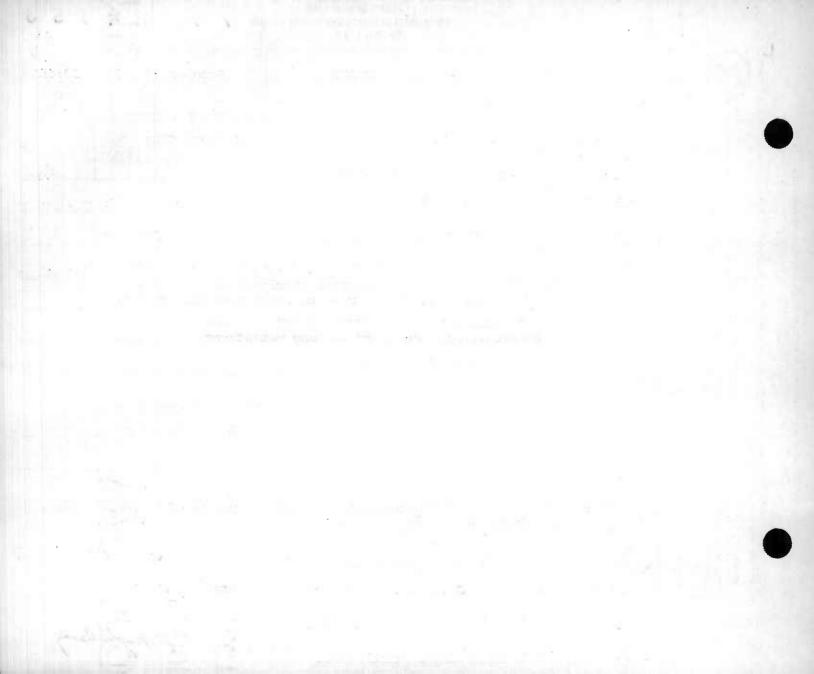
24 FUNERAL DIRECTOR
Hubbard Funeral Home Inc 4100 Wilkens Ave 2122 CT 29 1979



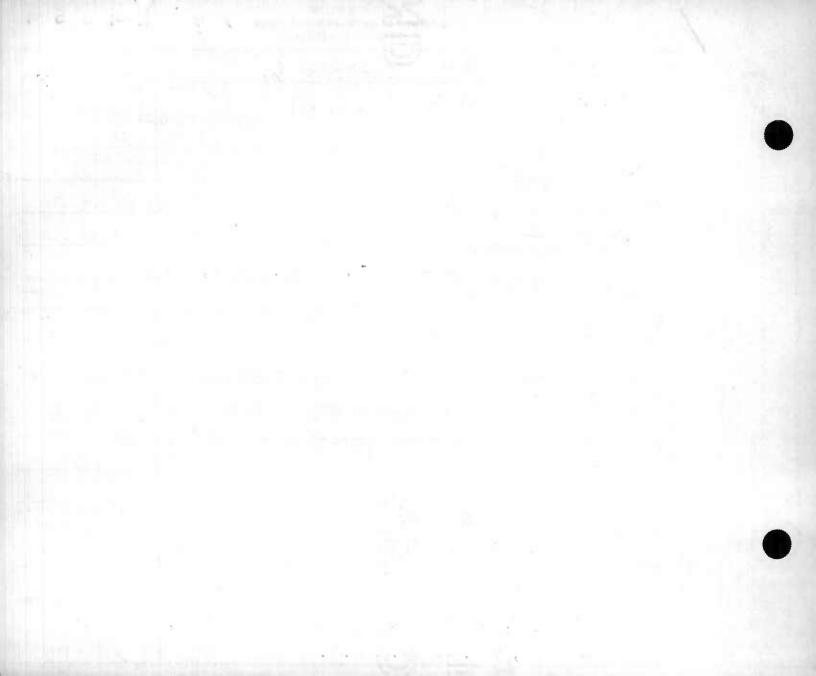


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X	1.	FOR		DEPART		EALTH AND MENT		NE / 9 2	2 4 5	5 2
*		REGISTRAR			CERTIF	CATE OF DEAT	TH	REG. NO.		
		CEASED NAME FIRST		WIDDLE	T)	151		2a DATE OF DEATH MONTH	DAY YEAR	26 HOUS
A	(1117)	HATTI		LORIA	CF.	PRTER	2	10	9 74	30AM
(10)	3. SE	X + 1	RACE	4	5. DATE O		YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		EMALE	u	HITE	6		910	69 YR		HOURS MIN
6 9 80		RTHPLACE (STATE OR FOREIGN 7E	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARR	DIED [BALTIMORE CITY OR COUN	TY OF DEATH	
		VIRGINIA	U	5/4	WIDOWE	D DIVORC	CED 🗆	CITY		MD.
With the ter	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUT		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND (OF BUSINESS OR
by the	1:	SALTO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SIN	AT	HOSPITA	L	BOOKKEEPER		DUNTING
212	USU 13a.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION	130 CUTY OR TO		13d. INSIDE CITY LI	IAAITS?	3e, STREET ADDRESS	#2	21215
ND 24 H		MD XXXXXX	XXXXX		-12	YES NO		7 - //-	857DI	word
RYL ortely 2 sh	14. E/	ATHER'S NAME	DDLE			15. MOTHER'S MA	IDEN NAM			
MARYI ompletel ond 2 s		MORRIS	DDLE	MARKS	-	MARIE	3	WIDDLE	WE	ISSNER
RE, de coute ecut		VAS DECEASED EVER IN U.S. ARM		166 SOCIAL SEC	URITY NO.	17 INFORMANT	100	ADDRESS		
BALTIMORE, MARYLAND 2 cate be executed within 24 his vision and completely filled apers. Pages 1 and 2 should be vol. it, the medical examine must	,	NO (IF YES, GIVE W	AR OR DATES	212-05-	9914A	MARC CAR	RTER	3120 REISTERST	OWN RD.	#21215
Sicio pers ol.		18 CAUSE OF DEATH (Enter only	one couse pe	rimy far (a), (b), g	mdichi		-	()	BETWEEN	ONSET AND DEATH
	. 3	PART I. DEATH WAS CAUSED		and	was	esper	de	thesis h	-	
ding orbo		1874		R ASIA CONSEQU	IENICE OF	1	,	/		
STO death we co		Conditions, if ony, which	(b)	HUV	24/	alren	m			
he o he o emp		gove rise to immediate couse (a), stoting the	DUE TO, C	DAS A JONES	UENCE OF	/	Prima	ry Vulva	\	
by the		underlying cause lost.	(6)	nieta	of C	Ca P	enz	my Vedra		
20 res the		PART 2 OTHER SIGNIFICANT CO	INDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CONDITION (GIVEN IN PART 1	(a)
RDS, significant to be nilver	NO									
ECO ony	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATION	WAS PERFORME	D		YES, WERE FIND	
DF VITAL RE CIAN: The lo physicion. rificote has sil-transit per tal Hygiener m 18 shows	Ę							YES NOT IN CER	TIFYING CAUSES	NO T
VITA N. 11 hysicic icote ronsit Hygin 18 she	GE	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM		
Clare of the photos of the pho	R .	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		.M. MONTH 1 .M.	DAY YEAR					
PHYSICIA PHYSICIA PHYSICIA This certif te burial-te dor Item	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ORD PHYSICIAN: The low requires that the death certificate has been signed by the ottending plus the burial-transit permit. Then please remove carbong the old Memtal Hygiene prior to burial, cremation, ar removed at Item 18 shows only injury, or other traumatic events.	M	WHILE NOT WHILE THE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
Aft or		22a I certify that (1) (this haspita	1) attended t	ne deceated from	72	10/2 10	74	10 1019	1079	that (I) (we) last
TEN STATE		sow the deceased alive on_		10/8/19	1	d that in (my) (our)	opinian de	oth accurred an the date and h	naur and from the	
A ATT		276 SIGNATURE	view the body	atter deoth.	- 1	EGREE_			17k DATE	SIONED /
0 4 9 9 9		(d/m	mil	1	1	27) ATTEN	IDING _	MEDICAL STAFF	10	19/19
A 10 10 10 10 10 10 10 10 10 10 10 10 10	1	224 PHYSIC USES PHANTE TITTE ON P			//	27. ADDRESS	ICIAN []	DIRECTOR PHYSICIAN	1/0/	111
TO FUNE Report of the Street o		Milmo	PI	laur	21)		eni	Hospite	1-	
with MP	22. 1	HIDIAL COMMATION OF HOUSE	234 0 275	July 1	NAMEGEO	METERY OR CREM		1214 LOCADON		
60 h 00	100	BURIAL CREMATION REMOVAL	OCT . 1	0,1979	ANSHE		MICHT	BALTIMORE	COUNTY MAT	RYLAND
)	24 5					LIPIONALI	125a DATE	REC'D. BY REGISTRAR 25b. REG		
DHMH - 16 50M 7/77 (VR A 15 (4))	14.7	UNERAL DIRECTOR SOL LEV	INSON	& BROS.,	INC.	1215	OOT		France South	
		6010 REISTERSTO	WIN KD.	BALTO.	, MD 2	1215	106	1 0 13/3	/	. /





1	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE / 9	2 4 3	5 5 4
262		CEASED NAME ALBER	SPAIN	CHA	IMBERS-&	20. DATE OF DEATH	MONTH DAY YEAR 10 22 79	26. HOUR 12:45 A
1)	3 SE		CULITE	5 DATE OF	BIRTH VEAR - 4-1909	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS YRS.	
within 71 for		RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A.	Y? I MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	M
Fled for		BALTO.	(IF NOT IN SUCH FACILITY, GIVE STRI SOUTH BALTO,	GEN,	OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	WORKING LIFE) INDUSTRY	of Business OF
should be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF TY 136. GITY OR TO	Ö,	NSIDE CITY LIMITS?		LEMENT S	<i>t</i> ,
ol exogener	14, FA	PETE -	LAST CHAM	BERS	MOTHER'S MAIDEN NA	WE	UNKA	JOWN)
physicion and conpopers. Pages Impopers went, the medical		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEI WAR OR DATES) 212-07-	1718	Mr. Austin (.	Chambers, San	SS	EL V
been signed by the ottending rmit. Then please remove corb- prior to buriol, cremotion, or r any injury, or other traumotic.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT COLORD 190 DATE OF OPERATION	DUE TO, OR AS A CONSECUTION ON DITIONS CONTRIBUTING TO	CA 9		AINAL DISEASE OR CON	DITION GIVEN IN PART 1 200. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
nsit per rgiene shows	ERTIF	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		TIC HOW INJURY OCCUR	YES NO	YES 🗌	NO [
After this certificate hoses of the buriol-transit per oith and Mentol Hygiene marked or item 18 shows	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED		DAY YEAR	II LOCATION	CITY OR TOV		STATE
R. After thuse os the lealth and smorked	2	AT WORK AT WORK		10/1/	7		-0	
for us of He		22a Leertify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not	10/24	79 and	that in (my) (our) opinion	death accurred on the do		
AL DIREC detoched ote Dept VT: If Item		226. SIGNATURE		DE	GREE ATTENDING PHYSICIAN [MEDICAL STAI	F	22/79
should be deto with the State DimPORTANT: If		774 PHYSICIAN'S NAME (TYPE OR STEVEN	A . AA		3001 S	HANOVER	54,	
F # 3 3	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEA	AETERY OR CREMATORY	23d. LOCATION	CONNIA	STATE
)	(Burial	Oct. 25, 1979 (edar Hi	4 Cemetery	Baltimon	e, Maryl 256. REGISTRAR'S SIGNA	



1	Ł_	STATE REGISTRAR	FIRST		AIDDLE	CERTIF	EALTH AND MENTAL HYC CATE OF DEATH	RE	EG. NO.		
m= } \		CEASED NAME OR PRINT)	Meli		ynn		mbers	2e DATE OF DEA		DAY YEAR	26 HOUR
diam'r.	3. SEX		MCTT	4 RACE	yıııı	IS DATE O		October		IF UNDER I YEAR	6:39p
A	3. 36	Female		White		MONTH		10	_	MONTHS DAYS	HOURS ME
S	CC	RTHPLACE (STATE ORFO DUNTEY) DUISIANA	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED D	Baltin	ITY OR COUNTY	OF DEATH	1 4
259	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF E	HOSPITAL, NURSING	NG HOME O	ROTHER INSTITUTION Hospital	120 USUAL OCC	UPATION MOST OF WORKING LIFE	12b. KIND C	OF BUSINESS
ind be file	USU/ 13e S	AL RESIDENCE (# NURS TATE Louisiana	ING HOME OR	OTHER INSTITUTION, HTY Paris BISON	GIVE RESIDENCE BEFOR 131. CITY OR TOW	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR		Ve.	
suo		THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
200	/	Oscar	Ľ	widdle •	Chambe	rs	Patricia	L.	DOLE	Cook	st Ce
S I S	16e V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT Mt.	Airey, Ma	Pryland	2177	71
ch ag		no	(# 163, 0146	WAS OS DATES)	None		Mr. Oscar L.	Chambers	s, 362F F	Route 2	2
se remove carensi, cremation,	>	Canditions, if any, gove rise to improve to state underlying cause	mediote ng the	(b)	R AS A CONSEQU	401	Leto	ceca	m	21	12m
Then please remove can or to burial, cremation, any injury, or other tra	NOI	gove rise to immodule to couse 101, stating underlying couse	mediote ng the lost.	(b) DUE TO, OF	RAS A CONSEQU	ENCE OF	acide	CECO MINAL DISEASE OR	CONDITION GIVE	2 \ 2\ \ 2\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12 m
permit. Then please remove car giene prior to burial, cremation, 8 shows any injury, or other tra	RTIFICATION	gove rise to immodule to couse 101, stating underlying couse	nediote ng the lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR 200 AUTOPSYS YES NO	206. IF YES	EN IN PART 1	NGS USED
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s the burial-transit permit. Then please remove can the and Mental Hygiene prior to burial, cremation, marked or Item 18 shows any injury, or other tra	MEDICAL CERTIFICATION	gove rise to immodule to couse 101, stoling underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNK OR CONTRIBUTING COR CONTRIBUTING	DERLYING CAUSE OF DEA AL EXAMINER) THE DESCRIPTION THE	DUE TO, OF	R AS A CONSEQUENT TION FOR WHICH	DEATH BUT	WAS BERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSYS YES NO NED (ENTER NATURE O	206. IF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
for use as the burial-transit permit. Then please remove can of Health and Mental Hygiene prior to burial, cremation, m. 21 is marked or Item 18 shows any injury, or other transfer.		gove rise to immodule to the couse to immodule to storing and couse to the couse to	mediate ng the indist. Ilost. TION DERLYING CAUSE OF DEA AL EXAMINER RED HIRE (this hospit)	DUE TO, OF CONDITIONS CO 196 CONDITIONS 216. TIME OI HOUR A./ 21e PLACE (AT HOME, STR	ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D DET FACTORY, OFFICE e deceased from	DEATH BUT I	211 LOCATION STREET	200 AUTOPSYS YES NO NED (ENTER NATURE O	? 206 IF YES IN CERTIFY YES OF INJURY IN ITEM 18, PA	COUNTY	NGS USED S OF DEATH? NO STATE
iched for use as t Dept. of Health : If Item 21 is ma		gove rise to immodule to the couse to storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNCORCONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR AT WORK NOTIFY AT WO	mediate ng the indist. Ilost. TION DERLYING CAUSE OF DEA AL EXAMINER RED HIRE (this hospit)	DUE TO, OF CONDITIONS CO 196 CONDITIONS 216. TIME OI HOUR A./ 21e PLACE (AT HOME, STR	ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D OF INJURY EET, FACTORY, OFFICE deceased from	DEATH BUT I	211 LOCATION STREET Attending Attending	280 AUTOPSY? YES NO NED JENTER NATURE OF	206. IF YES IN CERTIFY YES OF INJURY IN ITEM 18, PA OR TOWN the date and hour	COUNTY	NGS USED S OF DEATH? NO STATE
dbe detached for use as the State Dept. of Health IRTANT: If Item, 21 is missing the state of th		gove rise to immodule to the couse to storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 2 10. ACCIDENT WAS UNCOR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	mediate g the isolate NIFICANT C TION DERLYING CAUSE OF DEA ALEXAMINER) RED HILE HILE Glive on, didlydid noi	DUE TO, OR IC) ONDITIONS CO 196 CONDI 216. TIME OI HOUR A./ 21e PLACE (AT HOME, STR	ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D OF INJURY EET, FACTORY, OFFICE deceased from	DEATH BUT	211 LOCATION STREET Attending Attending	YES NO NO TENTER NATURE OF CITY IN THE CONTRACTOR OF CITY IN THE CONTRACTOR OF CITY IN THE	206. IF YES IN CERTIFY YES OF INJURY IN ITEM 18, PA OR TOWN the date and hour	COUNTY	NGS USED S OF DEATH? NO STATE
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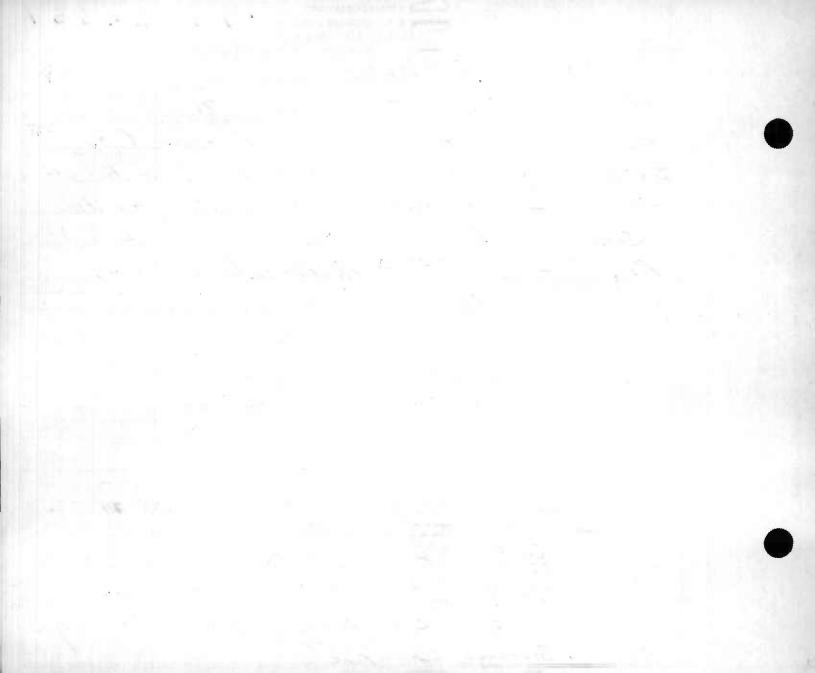
ikssa ty . unambors - October 7, 1979 (:30) Company of the second s Pro-As the standard of the seconds

8		1-	FOR STATE	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 7 9	2 4	3 5 6
/			REGISTRAR				REG. N		
		1. DEC	CEASED NAME FIRST	MIDDLE	t	AST	20. DATE OF DEATH		YEAR 26 HOUR
p p		,	CHARLE	2	CH	ASE	/	10 13	79 8:201 in
wo w		3. SE	(4 RACE °	5. DATE C		6. AGE (IN YEARS LAST BI		ER I YEAR IF UNDER 24 HRS
og IIV	1)		n	Δ	MONTH 2		6.63	YRS. MONTHS	18
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offer de	114	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O		12a. USUAL OCCUPAT	TION 12b. OF WORKING LIFE) INC	KIND OF BUSINESS OR
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thot thot the by the case of cre			underlying couse lost.	(c) Pacsin	C 12	SEPSIS			
S, 20 gned en ple burio rry, or		7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT				PART 1(o)
PRD requ		TION	Bixathol 6	ulu. Iorfilt	TRAT	ES Etic		41	
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requi r offending physicion. ther this certificate hos been sig as the buriol-trincate permit. The the and Mental Hygiene prior to b orked or them 18 shows ony injur	2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHILE	CH OPERATIO	N WAS PERFORMED	200. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO
VITA NN: TI hysicide ronsul Hygii 18 shd		CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OF	(PART 2)
SICIA ng pl certif rriol-t ental	7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ALD .	19				Witness To
PHY and this e bu d Am d A		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COL	UNTY STATE
NG NG offer orked		<	AT WORK NOT WHILE AT WORK						
NOIS A SE A Heolis R	3			tal) attended the deceased from		9.21, 197	P , to	19	, that (I) (we) last
Spring Sp				19 to view the body after death.			on death occurred on the c		
OR he he oche oche Dep			22b. SIGNATURE	ni-11.		DEGREE	MEDICAL STA	AFF _	21. DATE SIGNED
FRAL ERAL State			22d. PHYSICIAN'S NAME (TYPE O	o DD INITI		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSI	CIAN	0.0
os d b The			AT DIA C	12 411		5316 Lyn	NATE X	21.000	210 46
TO H retain 170 F shoul	-	23- 7	URIAL, CREMATION, REMOVAL	123b. DATE 23	NAMEOEC	EMETERY OR CREMATOR	y 23d LOCATION	1000	
401 BP			(PECIFY)	10.18.79	BRIEWC	DACK CREMATOR	ANNAGO	LIS COUNT	A MO
1-1	-	24 FI	JUKIA L JNERAL DIRECTOR	70.0	DeL		ATE REC'D. BY REGISTRAI	-	SIGNATURE
DHMH - 16 50M 7/77		1	NAME 1 1	ADDRESS	16	11.	04 4070		Meland

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1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENE 7 9 2 4 3 5 7
1. D (TY	ECEASED NAME CIAU.	DEF. ChASE RACE S. DATE OF BIRTH	20 DATE OF DEATH MONTH DAY YEAR 26 HOLER OF 27-79 28 HOLER OF 27-79 28 HOLER OF 24 HR
g / C 7a. 1	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	P BALTIMORE CITY OR COUNTY OF DEATH
27	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WHITE THE THE THE THE THE THE THE THE THE T
EX.	Fla. V -	134. INSIDE CITY LIMITS?	130. STREET ADDRESS
	WAS DECEASED EVER IN U.S. ARME		ADDRESS Hand
the medico	(YES, NO OR UNKNOWN) (IF YES, GIVE W	095-01-12/481 //s. Phoel	he Chase Sec. 13
event,	PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a) (and all a stands lill	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
or ather troumotic	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) Electrolyte Turbala DUE TO, OR AS A CONSEQUENCE OF	na 10days
×	PART 3 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINED TO THE TERMINE	NAL DISEASE OR CONDITION GIVEN IN PART 1(a) 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
Shows ERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY 21c HOW INJURY OCCURR	YES NO SED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
morked or Item 18	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21I. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 15	220.1 certify that (I) (this happen sow the deceased alive on obove, (I) (easy that) (did not) a SIGNATURE	10.26 19.79 and that in (my) (50) opinion d	eath accurred an the date and hour and from the couses stated 122. DATE SIGNED
MPORTANT: If hem	22d. PHYSICIAN'S NAME (TYPE OR PE	alter M ATTENDING PHYSICIAN	MEDICAL STAFF 10.28 29
IMPORTA	JOS TEB	LE VIII MID 3809 9	renmount Ave-Bar
≥ 23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23 NAME OF CEMETERY OR CREMATORY	238. LOCATION CITY OR TOWN SOUNTY STATE



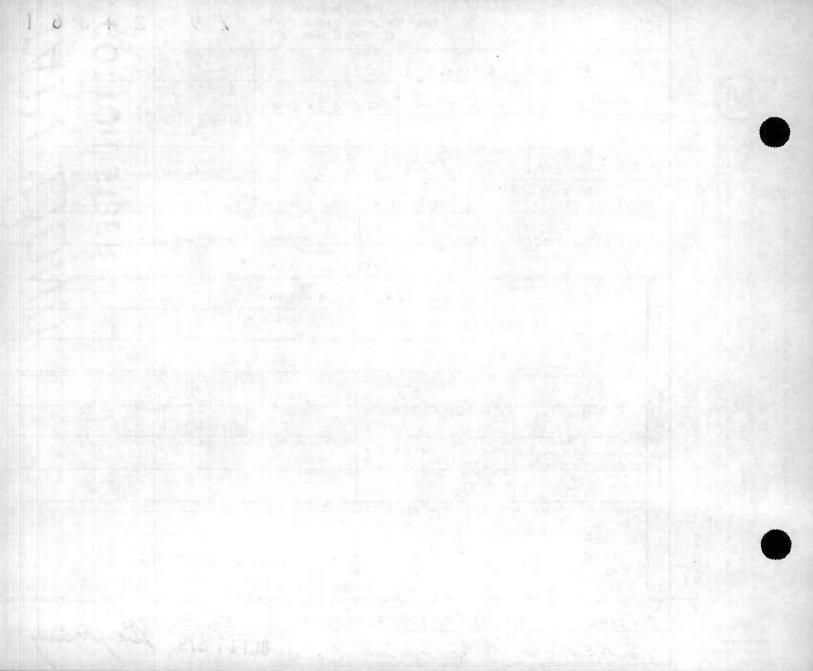
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 2ª DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTS LUCY CHASE OCTOBER 4 RACE 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH OAY YEAR Female Negro 27 02 BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY BALTIMORE CITY Marvland WIDOWED IS CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR STYPE OF WORK FOR MOST OF WORKING LIFE HOSPITAL Baltimore AUSUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 810 North Wolfe Street Maryland Baltimore YES T NO T 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE Frances Chase 166 SOCIAL SECURITY NO 17 INFORMANT 64 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) Elizabeth Cornish 1401 Hyde Park Road APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY CARDIO-PULMONARY WSTANI IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF INFECTION WEEKS Conditions, if any, which gove rise to immediate couse (D), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last THE BREAS CARCINOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CHYDRATION AWEMIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NONE NONE NOR NO [216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 214. INJURY OCCURRED 21ª PLACE OF INJURY CITY OR FOWN COUNTY STATE [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] AT WORK 10 79 22a I certify that (1) (this hospital attended the deceased from_ sow the deceased alive pn 0/15 obove, (1) (w) (did) (did not) view the body after death. and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224. PHYS/CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS HOPKINS HOSPITAL, BALTIMI. JOSEPH CNLGHT 23¢ NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION REMOVAL 236. DATE Buria1 10/19/79 Baltimore Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79 Wm. C. March F/H 1101 East North Ave

	EGISTRAR EASED NAME FIRST OR PRINT)	MIDE		LAST	20. DATE KNOWN X	MONTH DAY YEAR 76. HOU
		mma		neatham	OF ESTI- DEATH MATED [17
1. SEX	emale black		6. AGE (IN YEARS IF UI LO LINTHDAY) MON' 84 95 YRS.	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	10 12 79 10:5
7a. BIR	THPLACE (STATE OR EIGH COUNTRY)	7b. CITIZEN OF WHAT C	COUNTRY? B. MARE	RIED NEVER MARRII	= Raltimore	COUNTY OF DEATH
	Virginia	11. NAME OF HOSPITAL	L. NURSING HOME, OR OTI	WED X DIVORCE HER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF	M
	altimore RESIDENCE (IF IN NURSING HOME		rnhill Avenue	3		
13a. ST.		NTY 13c.	City or town Baltimore	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3817 Fernhil	ll Avenue
14. FA1	THER'S NAME FIRST Marcus	Middle Mi	tter	15. MOTHER'S MAIDE FIRST ROSA		LAST
16a. W.	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	She - U
		2	20-54-2966	Ruby Ch	ristopher 3817	
	 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE 	ED BY: Ant		n cardiovas	cular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	4797 IMMEDIA	ALE CHOSE (A)	CONSEQUENCE OF	Caldiovasi	Culai disease	
	Canditians, if any, which	h	001102402110201			
	gave rise to immediate cause (a) stating the under	< .	CONSEQUENCE OF			
	lying cause last.	(c)				
- 1	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO GEATH BUT NO	IT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PAI	T 1 (a):	Ay IV LIST I
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION V	WAS PERFORMED?		20. AUTOPSY?
FE						YES NO [X
	210 EXTERNAL CAUSE WAS	216. TIME OF INJU		OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART	T L OR PART 2)
CER	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	19			
CALCER						
AEDICAL CER	21d. INJURY OCCURRED	21e. PLACE OF IN STREET, FACTORY, F.		OCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL	21d. INJURY OCCURRED				CITY OR TOWN	COUNTY STAT
MEDICAL	VIII. INJURY OCCURRED WHILE NOT WHILE	STREET, FACTORY, F	ARM, ETC.)	STREET		COUNTY STAT
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took char	STREET, FACTORY, F	d aboye, held an Arta	STREET		
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B			FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 4	360
-		I. DE	REGISTRAR CEASED NAME FIRST E OR PRINT)		DAY YEAR 26. HOUR
(M)		3 SEX	DANIE	CL CHELTON DEATH MATED 10 S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH	2919 79 M
AL BRI		70. B	le white	8 28 1916 63 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 10	29 ₁₉ 79 7a _M
N. PRE	35		Maryland TY OR TOWN OF DEATH	U.S.A. WIDOWED DIVORCED Baltimore City	MD.
DELAY IS 1 TO THE P V PAGE SE FILED.	00		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4 N. Central Ave. Steamfitter	OR INDUSTRY
. 21201 . IF ANY DE 2, AND 3TR 3. RETAIN SHOULD BE	35	13a. S	Md 136. COUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY	Ave 21203
ATH PM 4D 2 VITA	300	14. F/	ATHER'S NAME FIRST William	Cnelton Anna Twig	LAST
AFTER NVE PA NVE PA NVE PA SION O	1	(4	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE)	MED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESN. Ce 11. INFORMANT ADDRESN. Ce 11. INFORMANT ADDRESN. Ce	ntral Ave.
- 50-50			PART I DEATH WAS CAUSED	ly ane cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PREST D WITHIN ENCIL IN AMINER A MINER A ENTAL HY	OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
ECORDS, 30 D BE EXECUENDING" IN MEDICAL IN AS A BUR	CREMATION, OR	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	
F VITAL REC TE SHOULD WORD "PEN HE CHIEF N D BE USED A		CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO 🖾
PIN THE OUT	R TO BURIAL,	CAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
DIVISICERTI THIS CERTI WARDED TO PAGE 3 SH	201 PRIOR	MEDICAL	218. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET, FACTORY, FARM, ETC.)	TY STATE
CAL EXAMINER: THE CERTIFICATE, SHOULD BE FOR	RE, MARYLAND, 213		220. I certify that I taak charge	ral causes X, Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER DATE SIGNED.	10-29-79
TO MEDI EXECUTE PAGE 4 TO FUNE	ALTIMO		(TIPE OR PRIINT)	M. Dixon, M.D. ADDRESS 111 Penn St.	
030 BP		(5	JRIAL, CREMATION, REMOVAL 2: Burial JUNERAL DIRECTOR	236. NAME OF CEMETERY OR CREMATORY 1.0/31/1979 Westview Mem Pk Westview Balt. 21229 236. DATE REC'D. BY REGISTRAR 235. REGISTRARS SIG	o. Co. Md.
DHMH - 17 (VR A15 ME (5) 30M 7/73		G		vab 3512 Frederick Ave. NUV 0 6 1979	Mc Bready

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•		1			STATE OF MARYLAND			
8		1.	FOR - STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HY		2 4 3	6 1
		1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	O. MONTH DAY YEAR	Tar inclin
	° ω€	(TYPE	OR PRINT)				NONTH DAT TEAR	26 HOUR
	1		trant			10-11-	7-9	755 PM
	GARA	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	(TATA		Male	Cancasian	9/23/28	51	YRS.	IIOUKS MIN
	8 9	24 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O	R COUNTY OF DEATH	
-	1 1 5 67	5	OUNTRY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	City		
	er fe	10 0	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
õ	by th	1 15	altimore, Ul.	Come, of Md	- MOSD.	Maintere		etion
212	hour hour	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE ASIDENCE BEFORE	ADMISSION)			
2	filleo buld	130.	is.	Bally Bally	13d. INSIDE CITY LIMITS?	3022 Wes	wich Rd	
IA	sho sho	14. F/	ATHER'S NAME	1) Marin	15 MOTHER'S MAIDEN NA	V	W1000 PG	
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2	Ton po		Frank Ch	nearens	Mary	Cerveran	di	
ORE	ond ond oges		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) { (IF YES, GIV	E WAR OR DATES)		ADDRE	38	
¥	0 E 0 E		7	214 22	9460 Clia			
SALI	ficote b physicio popers. novol.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), one DBY:	I (c).)		APPROXI- BETWEEN (MATE INTERVAL ONSET AND DEATH
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S Z	th cert		1179			Lak		A
NOTO	deoth ottendi ove cor tion, o		162	DUE TO, OR AS A CONSEQUE	NCE OF SG Car	7		
SE E	a 6 6 5 ÷		Conditions, if ony, which gove rise to immediate	(b)				
₹.	by the		couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		- 3 10 10 10 10	
0	thot d by leose iol, cr	1		(c)				
5, 2	gne en p bur	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110	0)
RECORDS	requirements	CERTIFICATION						
EC	A PEGO	S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	
	he k ion. hos t per	E				YES NO	YES 🔲	NO 🗌
VITAL	PHYSICIAN: The ending physicio this certificate he buriol-tronsit, ad Mentol Hygie dor them 18 sho	7 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21t. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	TIN ITEM 18, PART 1 OR PART 2)	
P.	SICIA ng ph certifi uriol-tr entol	¥	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER		19			
Z	HYSI Iding buri Mer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f, LOCATION			
DIVISION OF	Then the the ond ced ced	A.	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOW	N COUNTY	STATE
ā	DING P or offer After the ie os the olth one morked		AT WORK	ital) attended the deceased from_	10-11-79 10	to 10-11	- 7-9 10	1
	DO R. DO L		sow the deceased alive or	1			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	that (I) (we) lost
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	OR Ane hos DIREC oched Dept.		226 SIGNATURE	0	DEGREE ATTENDING	MEDICAL STAF	22c. DATE	SIGNED
		1	Kille	end feelens	PHYSICIAN	DIRECTOR PHYSIC		-11-29
	HOSPITAL ned by t FUNERAL JID be det of the Stote ORTANT:		228. PHYSICIAN'S NAME (TYPE C	OR PRINTY	22e ADDRESS		0 - 1	
	O HOSPITAL etoined by the TO FUNERAL should be det with the Stote with the Stote	1	Richard	FASTIGGI M	22 22 5.0	neene St.	Baldmer	e relation
1	TO He should with the IMPO	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION		
12/	Lpp	1	SURIAL		EADONRIDGE	BALTO.	COUNTY	STATE
00	DF	400	UNERAL DIRECTOR	0		TE REC'D. BY REGISTRAR	25h Rufflerutens surface	Buch
	DHMH - 16 50M 1/76 (VR A 15 (4))	/	NAME LE, Change	ADDRESS	lestint 0	CT 1 7 1979	brokening	7



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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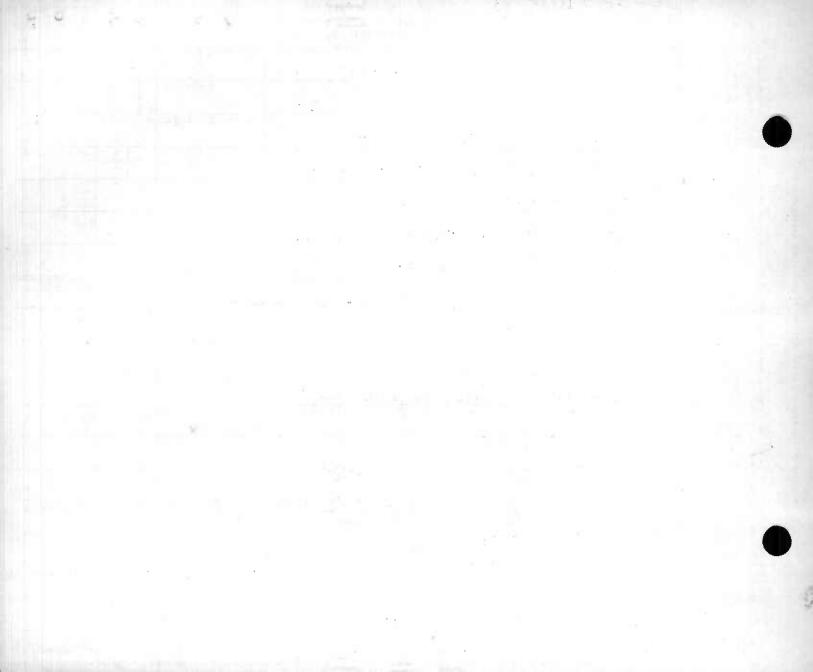
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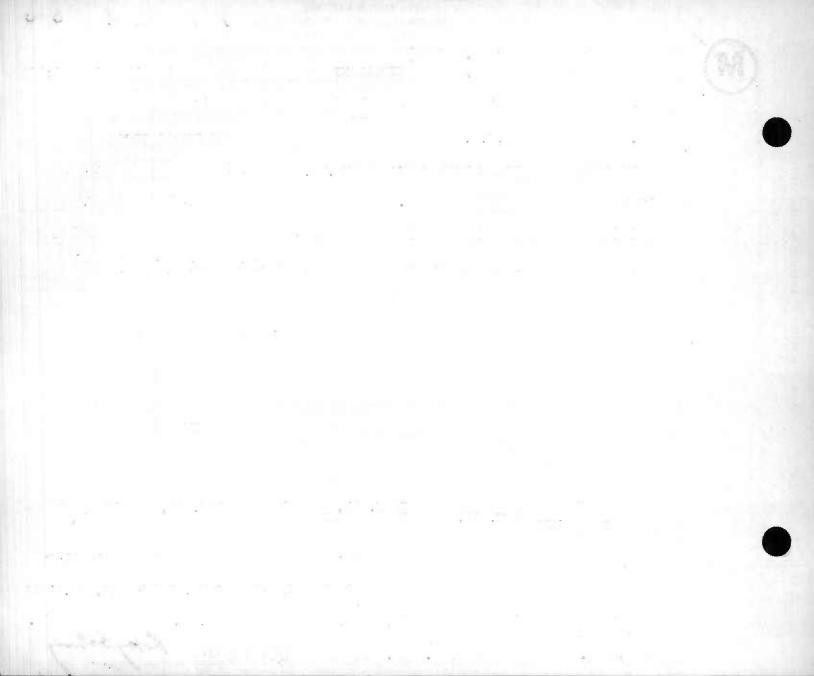
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) CHRISTOFFE RSEN MARTHA 3 SEX 4 RACE IF UNDER 24 HRS July 27. emale White DAYS HOURS 1913 66 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Baltimore.Md. U.S.A. Baltimore City, 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Baltimore City Hospital Machine Operator-Canning BALTIMORE, MARYLAND 21201 Co. 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Md. 135 N. Potomac St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frank Smiglewski Rose Pilachowski 135 N. Potromac St. Balto., Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 214-03-2386Mr. William W. Christoffersen-21224. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE IO Canditians, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 ar for io Seles 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [burial-transit p 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE 22e ADDRESS should be 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 10/25/ St. Stanislaus Cemetery-Baltimore. 24. FUNERAL DIRECTOR John H. Moran, Inc. ADDRESS DHMH - 16 50M 1/76 (VR A 15 (4)) 3000 E. Baltimore St.

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HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

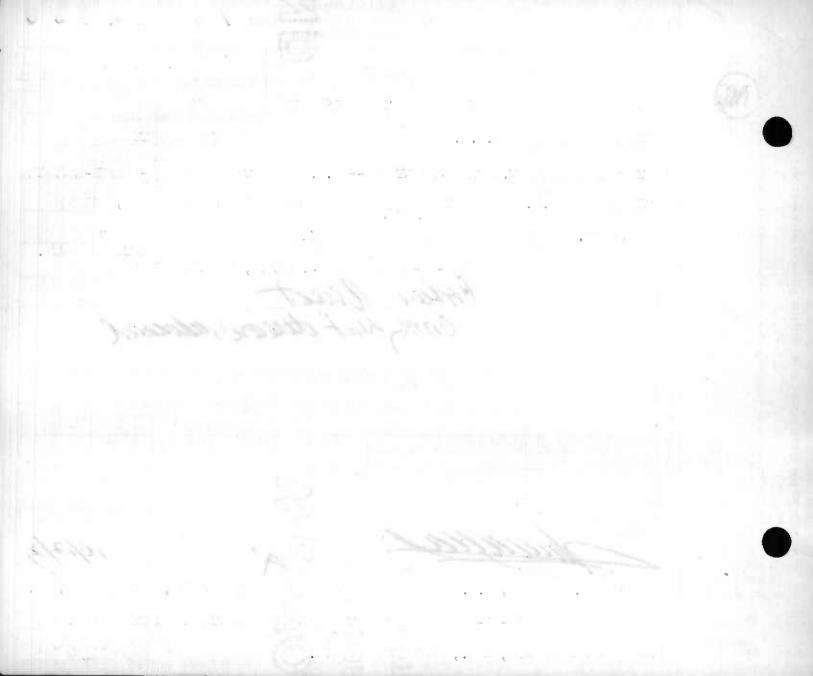
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

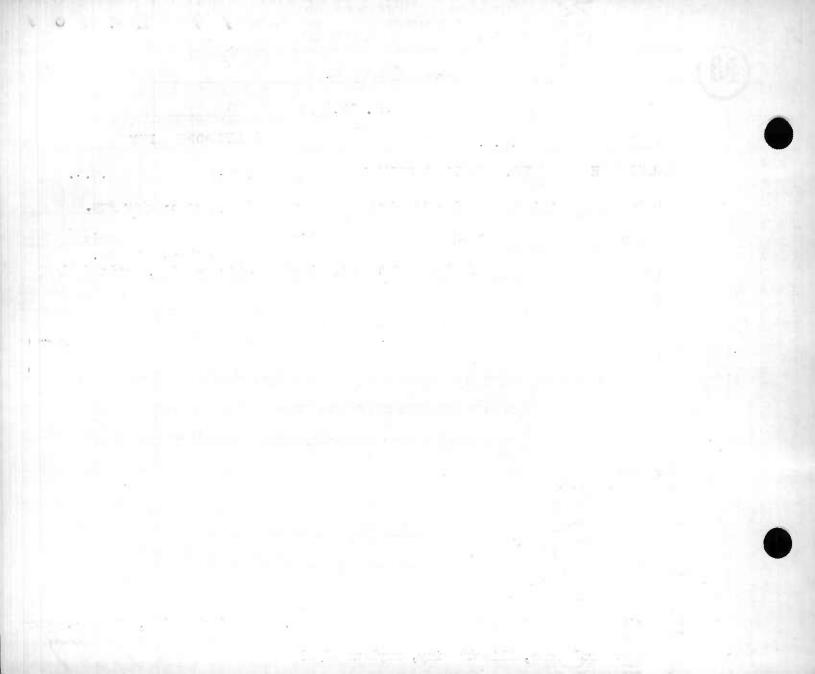
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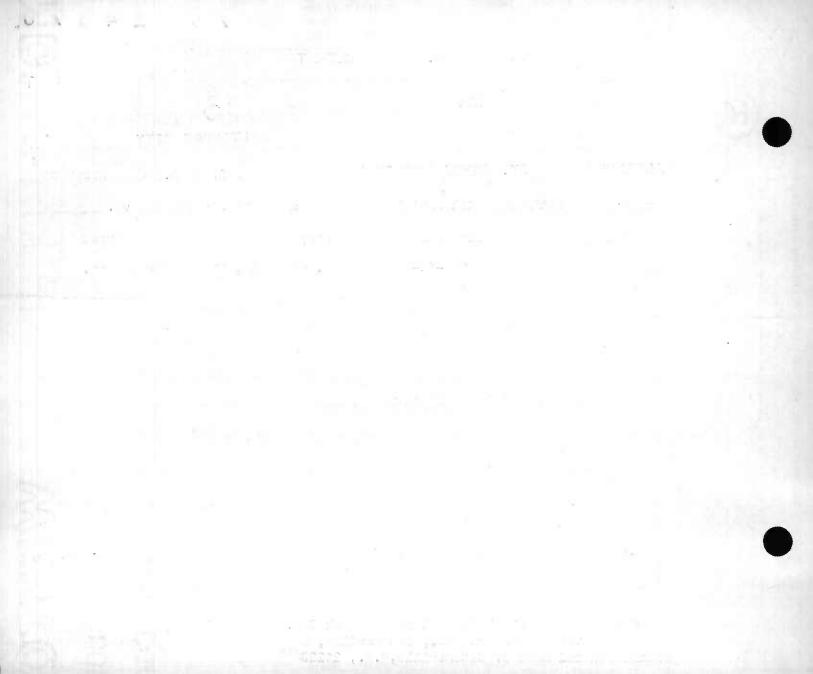
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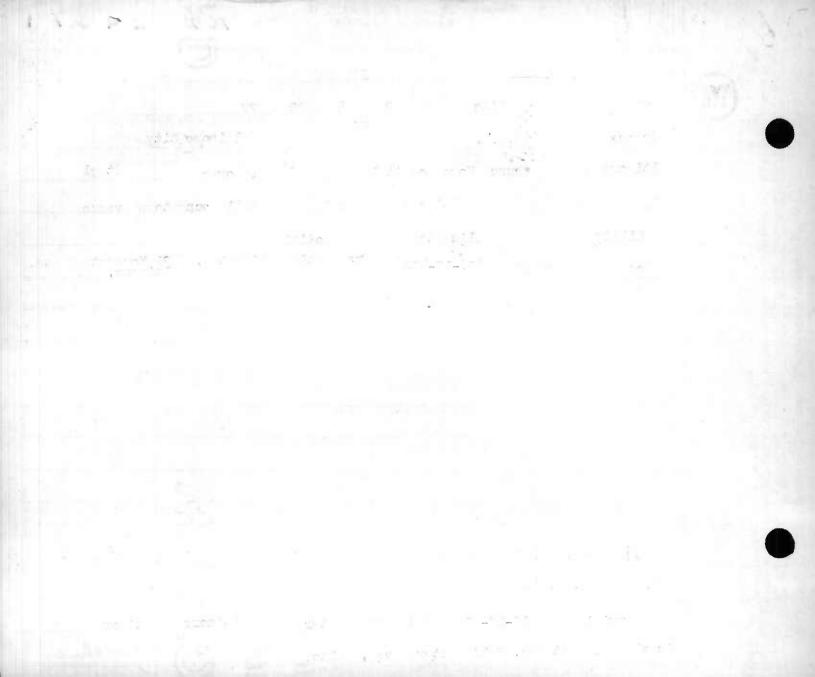


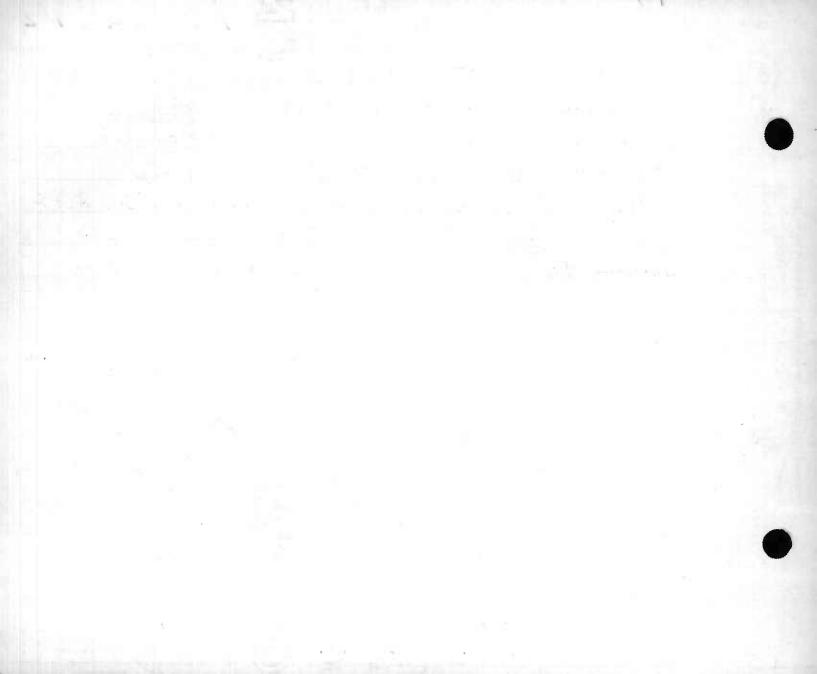
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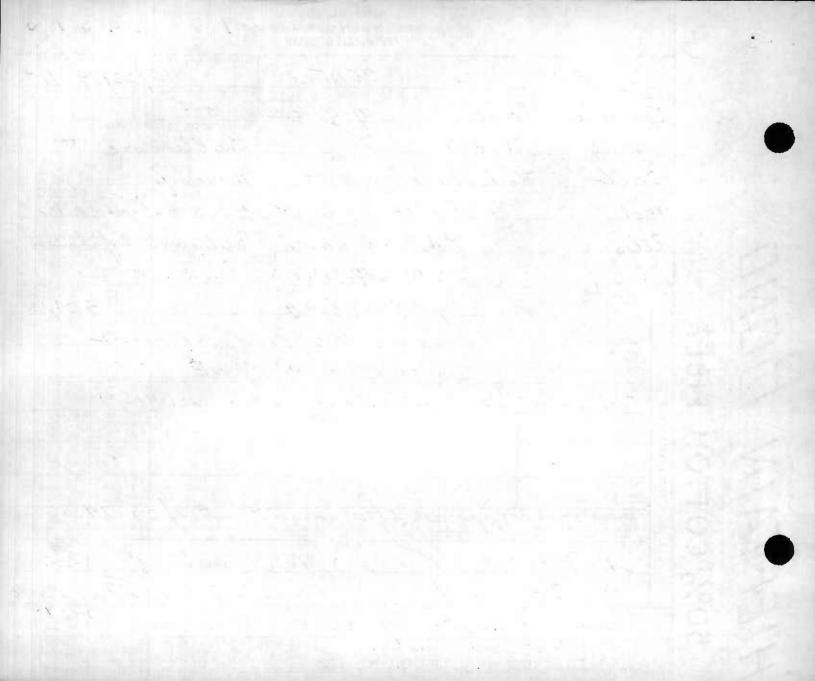




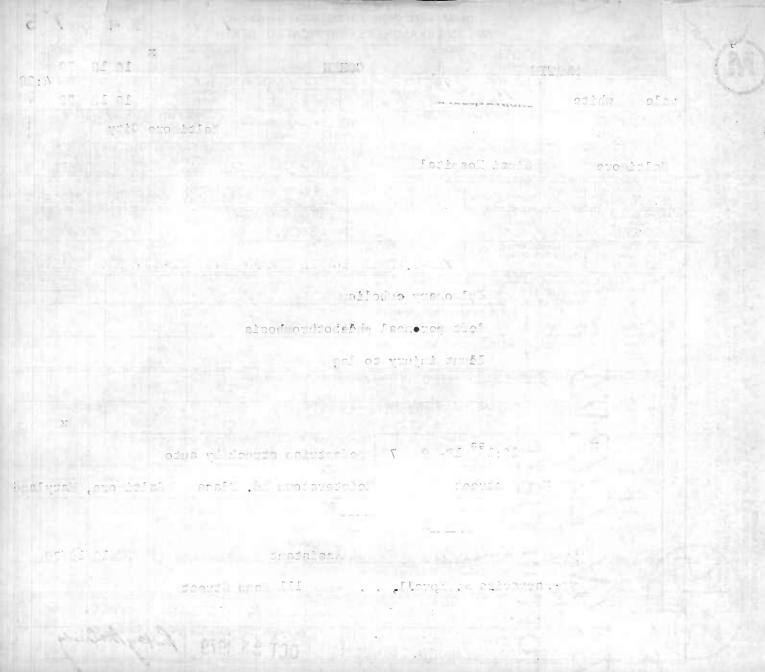


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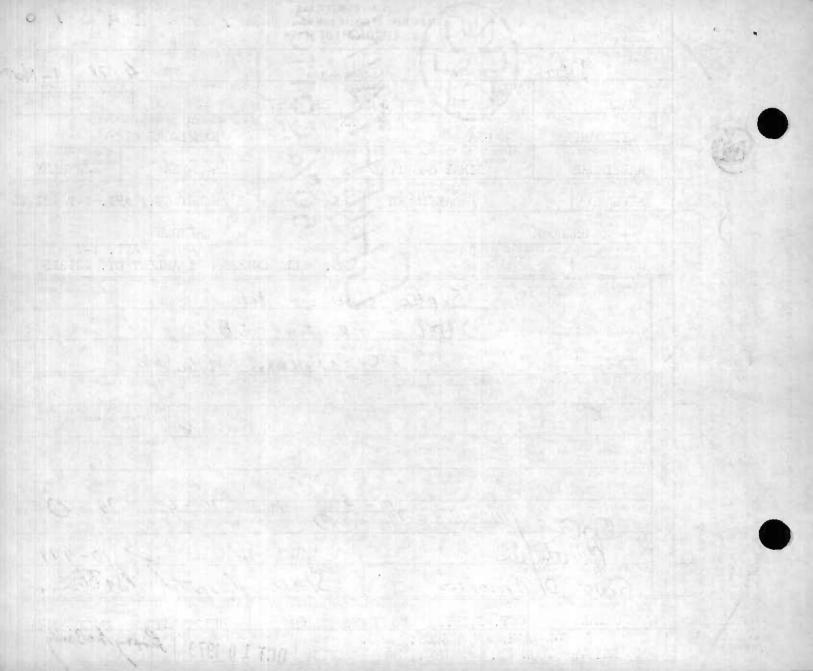
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230.			NAME OF CEMETERY OR CREMATORY	23d. LOCATION CUTY OR TOWN	COUNTY 2/2-751
	BURTAL		EBREW YOUNG MEN	BALTIMOR	E MARYLAN
24. 1	UNERAL DIRECTOR SOL LEVIN	SON & BROS.	INC.		REGISTRAR'S SIGNATURE
	6010 REISTERSTOWN	RD. BALTO), MD 21215	CT 3 0 1979	- Jones and

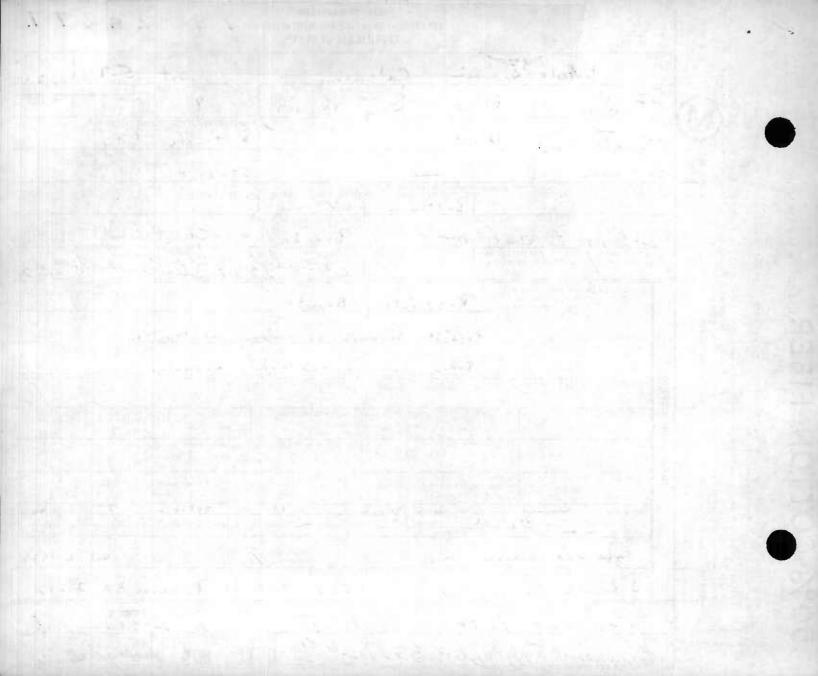


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 DIVISION DIVISION DIVIDITION OF THE MARKET AND A CONTROL OF STATE OF STAT	NO	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last	DUE TO, OR	AS A CONSEQUI	ENCE OF	Reptized No lely fraise NOT RELATED TO THE TERM	Clarleys # 1/1	GIVEN IN PART 10	a)
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SICIAN: The ng physicio certificate handl-tronsit; tental Hygie ental Hygie.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	4111	MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2J	
DIVISION DING PHYS or othendin After this e e os the bur of the ond Me marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDIN or ATTENDIN or bosh or		220.1 certify that (I) (this hasp	tall at ended the	4 19			, ta 10 = 4 leath accurred an the date and	hour and from the	
TALOR by the h RALDIR detoche tote Dep		Weth	1ein			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 -	4.79
TO HOSPITAL C retained by the TO FUNERAL D should be detac with the State D		22d. PHYSICIAN S NAME (TYPE O	01701			Sinci	floratol	Ball	inne
BP	(BURIAL, CREMATION, REMOVAL SPECIFY)	OCT. 5	,1979	BALTIM	ORE HEBREW	23d. LOCATION CITY OR TOWN REISTERSTO	COUNTY WN BALTO	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR SOL SOL SOL REISTERSTO	LEVINSON WN RD.	& BROS. BALTO.,		. 21215 250. DATE	REC'D. BY REGISTRAR 130	My Med	Mody





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

20. DATE OF DEATH

FOR

I. DECEASED NAME

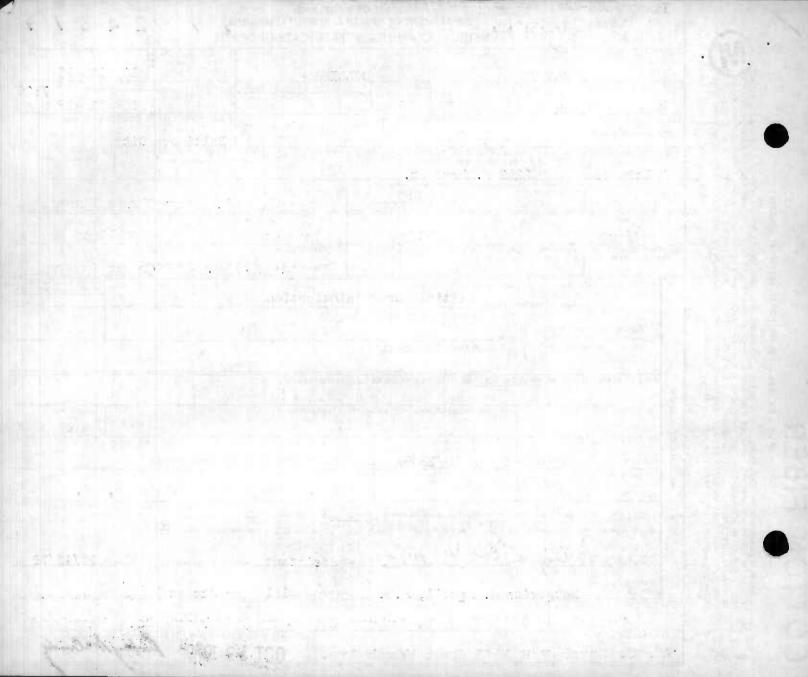
REGISTRAR

- STATE

(TYPE OR PRINT)

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	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 7 9 2	4 3 8 0
		CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 2b. HOUR
1	Line	CORET	TA S	COLLISON	10 2:	2 79 2:30 AI
	3. SE		4 RACE	5 DATE OF BIRTH		# UNGER I YEAR # UNGER 24 HRS
		Female	Cauc.	3 29 1892	87 YRS.	ONTHS DAYS HOURS MIN
35		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
0		Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CIT	Y MI
4	10 C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS) TAL HOSPITAL	The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIfe	12h kind of Business of Industry Homemaker
35	13a.	ALRESIDENCE (# NURSING HOME C STATE 135, COU Laryland E	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NE ADMISSION) VN 13d INSIDE CITY LIMITS?	13 STREET ADDRESS 1636 Worthingto	
101	.14. F/	ATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
U		Charles -	Schweize:	r Mary	Jane	Gill
5		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			keysville, Mo
1		no	217-54	-8014T Audrey E.	Horn 1636 Wort	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), or	nd (c).)	. 1 /	BETWEEN ONSET AND DEATH
			ATE CAUSE (0) CEFELES	vascular acc	ident	2 de.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE 10)	lerotic cardio-va	scular disease	years
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	JAW MONARY di	20a AUTOPSY? 20b IF YES.	WERE FINDINGS USED YING CAUSES OF DEATH?
8	E	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121. HOW BLUEV OCCUP	YES NO YES	NO .
1		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D	AY YEAR	RED TENTER NATURE OF INJUST IN HEM 18, PA	RELOGRANIZI
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	P.M. 21a PLACE OF INJURY	19 211 LOCATION		
	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
		saw the deceased alive a abave (1) (we) (did) (did n	n 10 22 19 of the body ofter death.		death occurred on the date and hour	9_79, that (I)(w) loss and from the couses stated
		276 SIGNATURE	11.0	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10 / 2 2 / 79
7	1	224 PHYSICIAN'S NAME ITYPE	OR PRINT)	22e ADDRESS		1-1-1
		PATRICIA DIS	HAROON MD	UNION MEMO	ORIAL HOSPITAL	,
I	23a. E	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	,	SPECIFY) Burial	10/24/79	Balto. Natl. Cem.	Irvington Balt	

10 W. Padonia Road

Irvington Balto

DHMH-16 20M (VRA 15, 4) 7/78

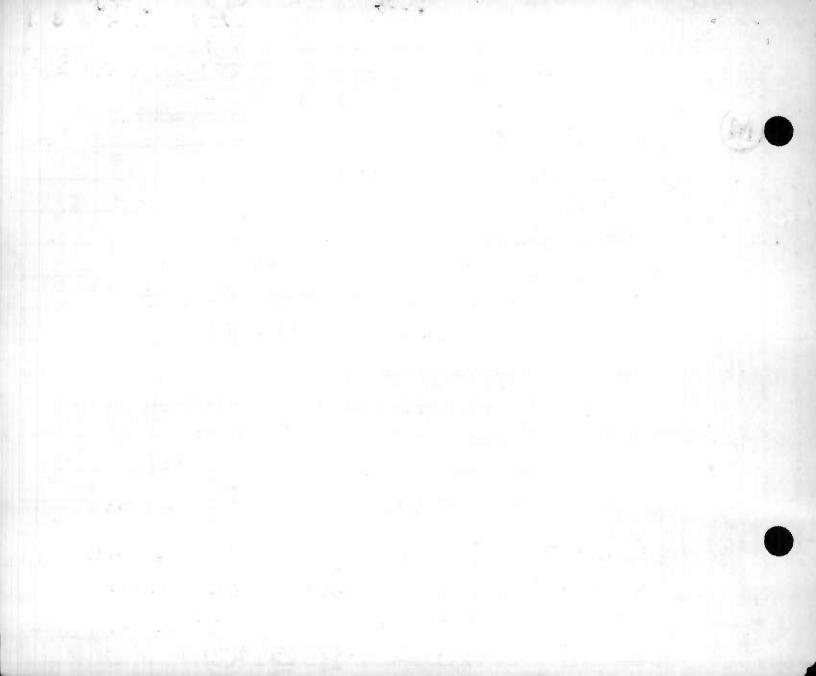
Martin D.

Lawson

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10/24/70 Manes

DIVISION OF VITAL RECORDS,



FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

REGISTRAR

BENDIX RADIO 6616 MT. VERNON AVENUE, 21215 SECCREST DONALD L. COOK, 2903 MICHIGAN AVENUE, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED CATON AVENUE COUNTY STATE BURIAL LORRAINE PARK WOODLAWN MARYLAND 10-17-79 BALTIMORE 25a. DATE REC'D. BY REGISTRAR LEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

2h. HOUR

HOURS

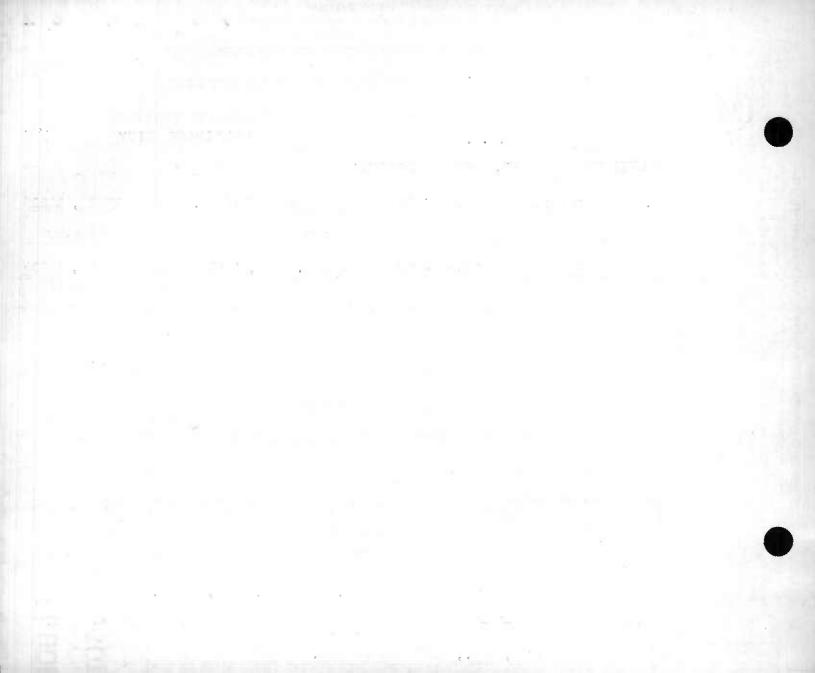
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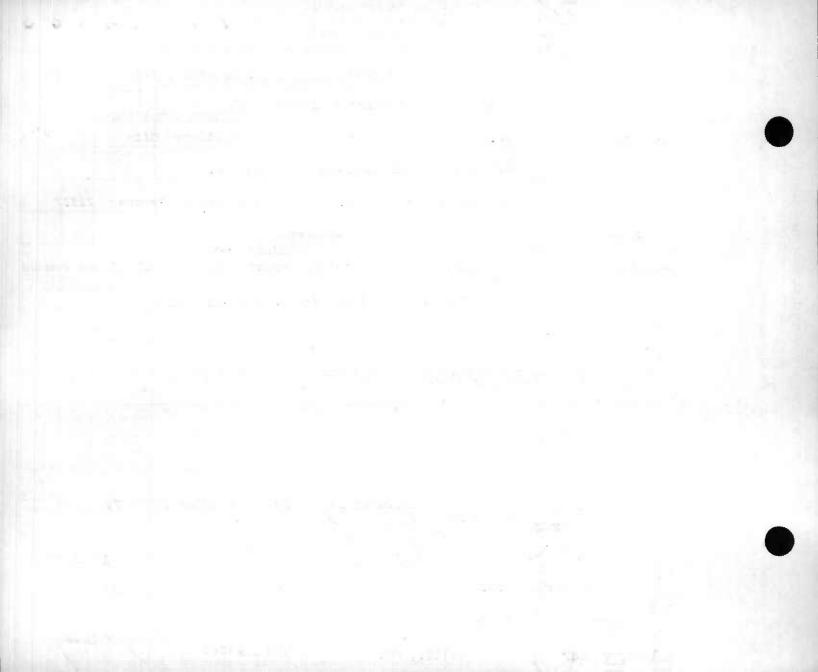
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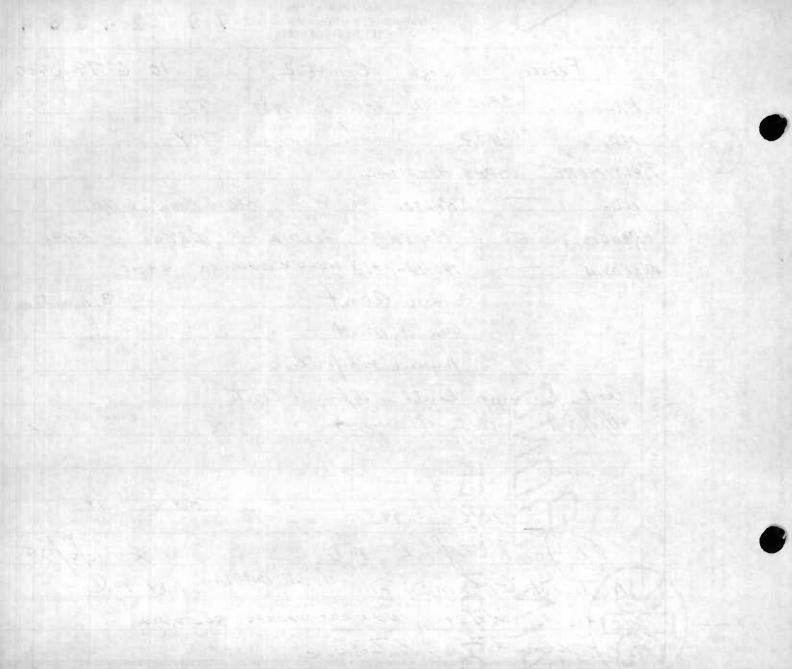


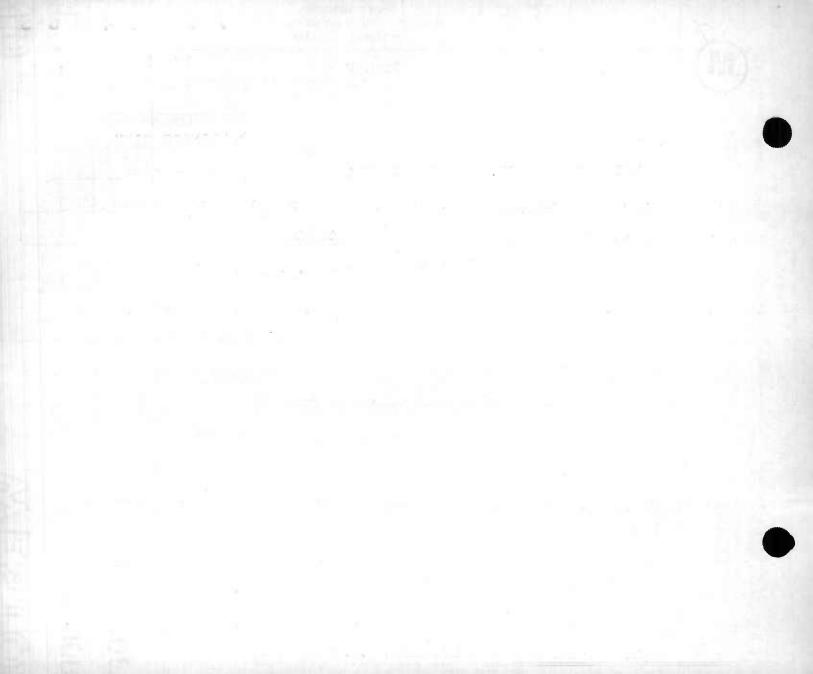


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(VRA 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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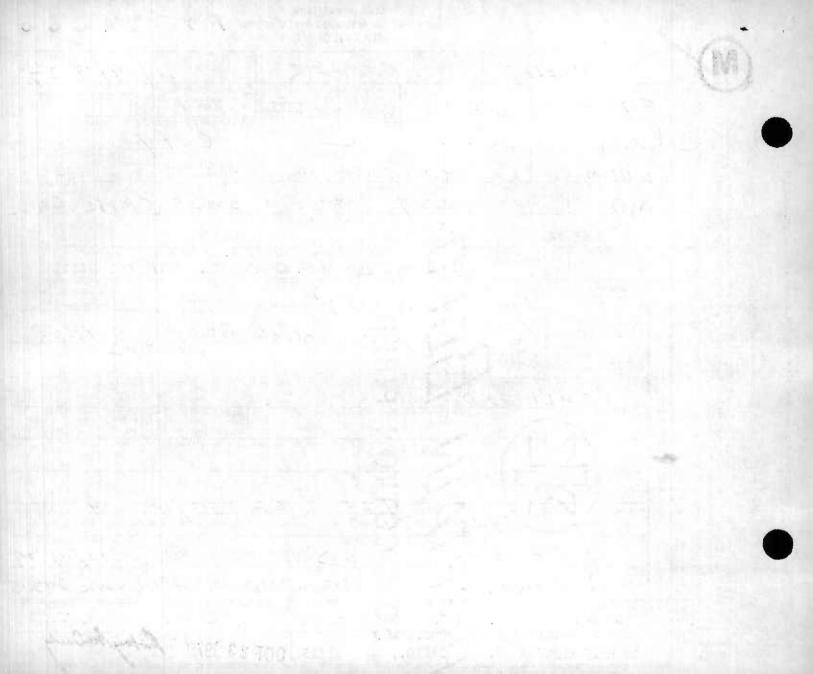
21215

- STATE

6010 REISTERSTOWN RD.

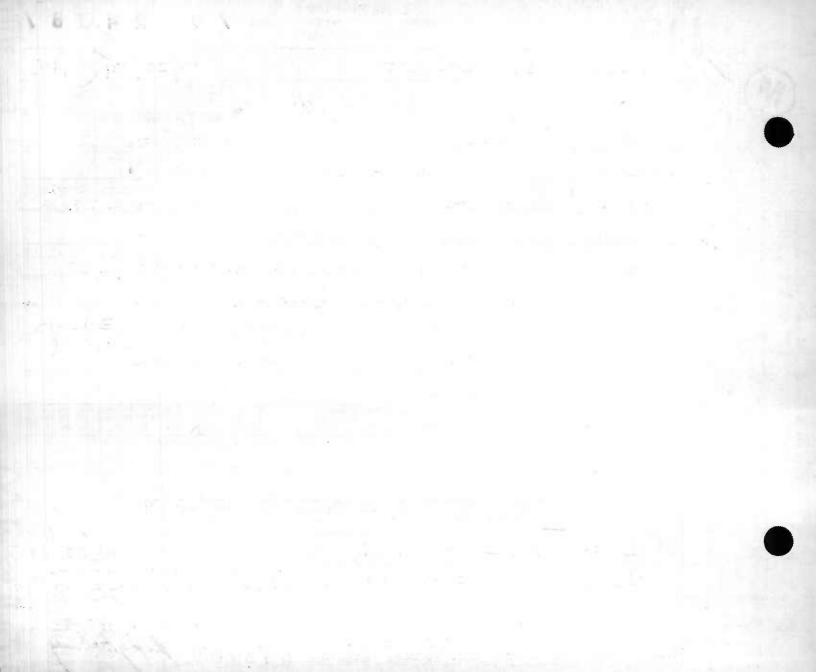
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

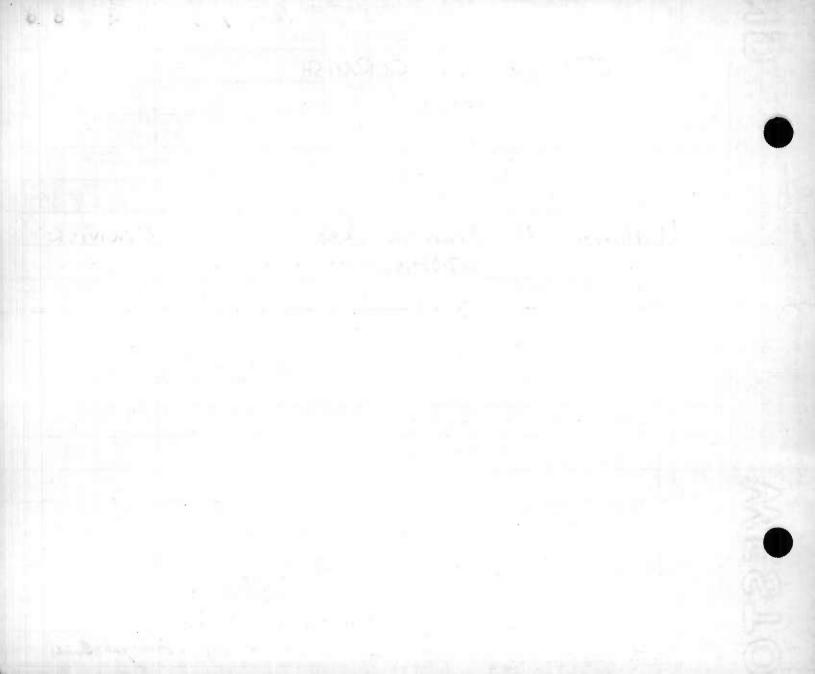


Ruck Towson Funeral Home Inc. Towson, Maryland

(VRA 15, 4) 7/7B



H		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE / Y Z 4 3 9 9 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
y be		DECEASED NAME FIRST W. CORNISH 28. DATE OF DEATH MONTH DAY YEAR 28. HOUR (0-5-28-84 N
oge 4 mo	1	SEX MACE BIACK S DATE OF BIRTH NONTH OAY YEARS (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HIS MIN. YEAR OF YEAR YEARS HOURS MIN.
decom Po	3	BIRTHPLACE (STATE OR FOREIGN TO CITYZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED RACTIVE OF CITY AND
201 us ofter a by the lifted and lifted	6	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUELLECLITY, OWESTREEN DORSES) 12. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 21	5	SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CUY OR TOWN 136. STREET ADDRESS 130. STREET ADDRESS
completed with	0	William Model. CORNISH URRA MIDDLE CORNISH
IMORE, M. De executed and cont	1	(YES, NO OR UNKNOWN) (IF YES, GIME WAR OR DATES) 100 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 217-07-9592 Lillian Cornish 1400 W. Lafayette Avenue
derrificate I		18 CAUSE OF DEATH (Enter only one cause per line for al., (b), and ic PART 1. DEATH WAS CAUSED BY [MMEDIATE CAUSE (a) G & Luc Carry, G & Luc
death cer death cer ottending ove carbo than, or re		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN The low requires that the death certificate be executed within 24 hours re attending physician and completery filled in bross the buriol-transit permit. Then please remove corbon papers. Figure and showed be tilt and Mental Hygiene prior to buriol, cremation, or removal or the medical emigrant being orked or them 18 shows any injury, or other troumatic event the medical emigran must be no orked or them.		gove rise to immediate cause Ia), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CA OF PASSECUENCE OF CONSEQUENCE OF CONSE
equires equires in signed Then plint r to bury, o		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
TALRECOR	2	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
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DIVISION OF DING PHYSICI, or attending p. After this cent is to she burial- calth and Mental marked or Item		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
TTEND pital a TOR. A for use of Heal		220 certify that (1) (this hospital) attended the deceased from
y the har RAL DIRE. detached out Dept.		228. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
TO HOSPITAL CEA		220 PHYSICIAN'S NAME (TYPE ORPRINT) PART 220 ADDRESS 220 ADDRESS 220 ADDRESS 220 ADDRESS
56 523 3	2	6 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
60 L BP		Burial 10/10/79 Mount Auburn Cemetery Baltimore, Maryland
DHMH-16 20M		FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 10.70
(VRA 15, 4) 7/78		Vm. C. March F/H 1101 East North Avenue

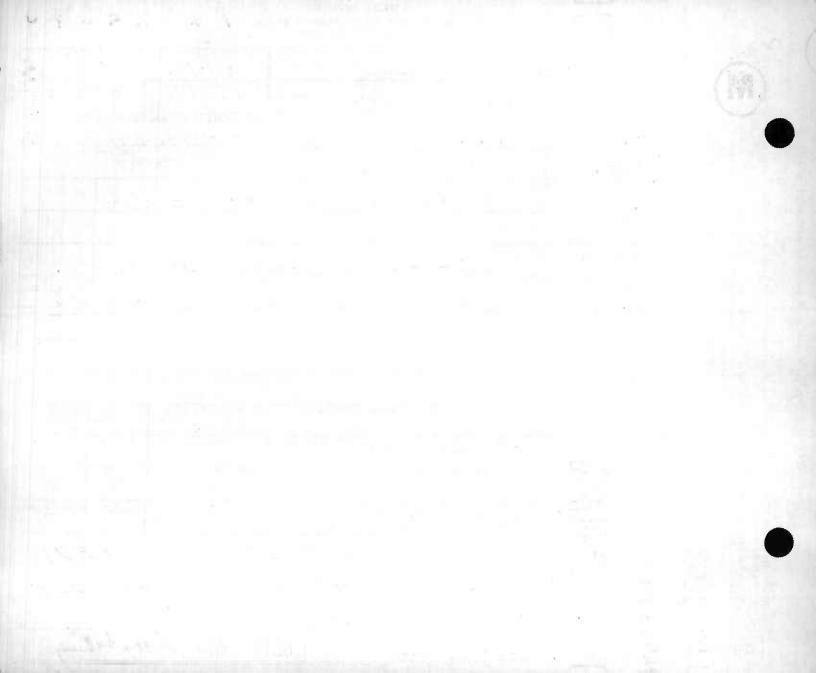


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,	L	- STATE REGISTRAR			ICATE OF DEATH	REG. NO.		
(BA)		ECEASED NAME FIRST	MIDDLE	0	AST	20. DATE OF DEATH MON	NIH DAY YEAR 26	HOURO A.
Clarit	3 SE	L04/50	RACE	S DATE O	ST/N DEBIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF	UNDER 24 HRS
9 9 1		Female	White	Nov	emben 30, 1991	64		OURS MIN.
in 72 hours		Mary Land	CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	MC
by the full with	E	BALT I MORE	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE ST AGNES HOS	ET_ADDRESS).	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO	PRKING LIFE) 125. KIND OF B	USINESS OR
n 24 hou filled in hould be	13%		HER INSTITUTION, GIVE RESIDENCE BEFO Arunded 13 GLEN BL	WN .	13d INSIDE CITY LIMITS?	7609 W. Furn	ace Branch R	oad
impletely and 2 s	14. F	ATHER'S NAME Howard MID	Unknown	N. P.	15. MOTHER'S MAIDEN NAM	WE	White	
n and co		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		7235	Mrs. Margarez	t T. Gunning	Maryland 2 2238 Lake Un	1122 ive
that the death certifically by the attending physics ease remotion, or remover corbonized is contracted to the contracted of the contracte		18 CAUSE OF DEATH /Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	BY: Canala	UENCE OF	of the	lung.	APPROXIMAT BETWEEN ONS!	T AND DEATH
been signed mit. Then plu prior to burn ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO			20a AUTOPSY? 20	b. IF YES, WERE FINDINGS	USED
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irsician: The ding physicic startificate buriol-tronsit Mentol Hygis or them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH (DAY YEAR	21c. HOW INJURY OCCURE	RED TENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
NG PHYS offendir frer this as the bu h ond M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
A ATTENDIN hospital or RECTOR. A red for use pt. of Healt		270.1 certify that (this hospital sow the deceased alive on obove, we) (did)	ottended the deceased from 19 19 19 19	10/0	d that in (our) opinion (death occurred on the date of		(we) lost ses stoted
the the trach trac		226. SIGNATURE Deman	nsantua	V	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	NED 7 9
TO HOSPITAL retoined by 1 TO FUNERAL schould be det with the Stote		228. PHYSICIAN'S NAME (TYPEOR PR	SAN KH	XN	WILKENS &	CATON AVE.		21229
ρ θ Ω θ Ν Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ	23a				Park (emetery	23d LOCATION BOILTURORE		uland
DHMH - 16 60M 7/73	24 F	UNERAL DIRECTOR 237	C. Patanico A	venue	Balto., M. DATI	REC'D. BY REGISTRAR 251		dy

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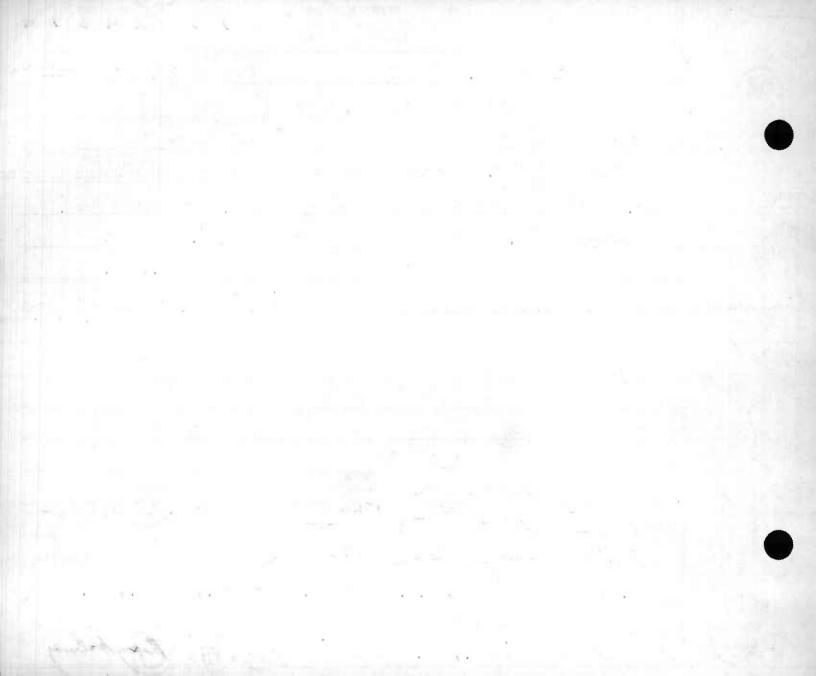
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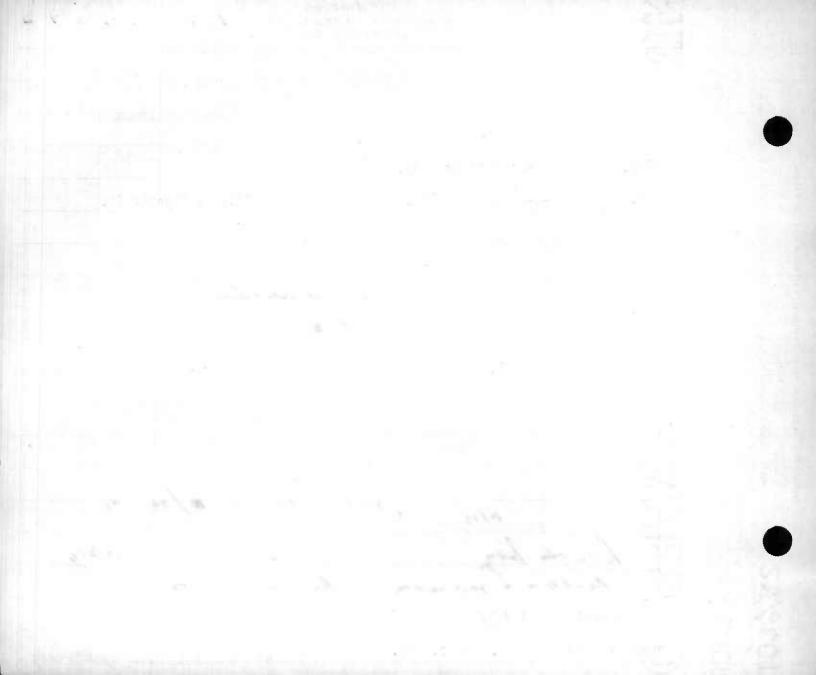
100		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	2 4 3 9
		CEASED NAME FIRST A	LICE ROSE	COUSINS	OCTOBER 24	29.110011
	3. SE	FEMALE	4. RACE WHITE	JUNE 2, 1917.	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR IF UNDER 2- MONTHS DAYS HOURS
85 and	5	MITHFIELD, W.VA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		TIMORE CITY ,
00		SALTIMORE, MD.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 812 S.	AG HOME OR OTHER INSTITUTION ADDRESS) DEAN ST. #21224.	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO RETTRED	RKING LIFE) 126 KIND OF BUSINES INDUSTRY SOCIAL SECURITY
35	USU, 13a. S	AL RESIDENCE (IF NURSING HOME OR OT LIATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	N 13d INSIDE CITY LIMITS	13. STREET ADDRESS 812 S. D	EAN ST. # 21224
exemple:	14. FA	THER'S NAME FIRST RAY C	DUSINS LAST	15 MOTHER'S MAIDEN	TTIE ENSMING	
medicol	16a V	VAS DECEASED EVER IN U.S. ARA ES, NO ORTHKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 234-36-		SINS : BAI	2 S. DEAN ST. LTO., 21224, MD.
s any injury, or ather troumotic	CERTIFICATION	Canditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	Bren	cro d	20a. AUTOPSY? 200	ON GIVEN IN PART 1(a) b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
Item 18 shows	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	YES NON HOURE OF INJURY IN I	YES NO NO NET TEM 18, PART 1 OR PART 2)
ō	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
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MPORTANT: If them 21 is morked		sow the deceosed alive an abave, (1) (we) (did) (did not 22% S) GNATURE 224. PHYSICIAN'S NAME (TYPE OR	: Patrica	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	an deoth accurred on the date a	122c. DATE SIGNED

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I SEX. BATTIMORE, MARYLAND 21201 A Seath Certified May be attended within 24 mours after death. Page 4 may be attending physician and complete or physician and complete or physician and complete or carbon pages. Pages 1 and 2 should be filled within 72 hours attending physician and complete or carbon pages. Pages 1 and 2 should be filled within 72 hours attending or carbon pages. I and 2 should be filled within 72 hours attending or carbon pages. I and 2 should be filled within 72 hours attending or carbon pages. I am 2 should be filled at one of the carbon pages. I am 2 should be filled in by the funeral direction. I Sex. 10 Col. 10 Co	Male PLACE (STATE OR FOREIGN AND AND AND AND AND AND AND AND AND AN	Negro CITIZEN OF WHAT COUNTRY? U. S. A. 1. NAME OF HOSPITAL, NURSIN THE USUNG THE STORES THERE INSTITUTION GIVE RESIDENCE REFORM	S DATE OF SOME	F BIRTH 10	REG. NO 24. DATE OF DEATH OCTOBER 4 6 AGE (IN YEARS LAST BIRTH 61 9 BALTIMORE CITY OF BALT 1 126 USUAL OCCUPATIK (TYPE OF WORK FOR MOST OF	MONTH DAY YEAR 1979 HDAY) W UNDER LY MONTHS D R COUNTY OF DEATH MORE C IT ON 126 KIN	6:31AM EAR IF UNDER 24 HRS AYS HOURS MIN MD. D OF BUSINESS OR
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gned by it please re plury, or or only or or or only or	inditions, if any, which over rise to immediate use (a), stating the derlying cause last.	one cause per line lau(a), (b), are BY. CAUSE (a), DUE TO, OR AS A CONSEQUE (b), and a conseque (c), and	ENCE OF	FAILURE SITIS NOT RELATED TO THE TERMI	NAL DISEASE OR CONC	DITION GIVEN IN PAR	T Ho
2 2 2 2 1	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20c AUTOPSY? YES NO	206 IF YES, WERE FIN IN CERTIFYING CAU	
0.00	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART	2)
		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.I	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
DIRECTOR DIRECTOR DIRECTOR DIPERCTOR If Item 21 is	I certify that (I) (this haspital saw the deceased alive an above. (I) (we) (did) (did not)	1) attended the deceased fram 19 view the body after death.	(d that in (my) (Dur) Dpinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	771. D	, that (I) (we) last the causes stated
TO HOSPITA retained by the should be desa with the State	PHYSICIAN'S NAME (TYPE ORP	ENNAN	no	270 ADDRESS TOHNS	HOPILO	No Ho	SPRITA
23a BURIA	AL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
143 BP	Burial	10/9/1979 B	altimo	re Cemetery	Baltimore	e, Maryland	i e
DHMH-16 25M	-ur rar	ADDRESS		25e. DATE	REC'D. BY REGISTRAR	25b. BUSISTRAR'S SIGI	VATURE

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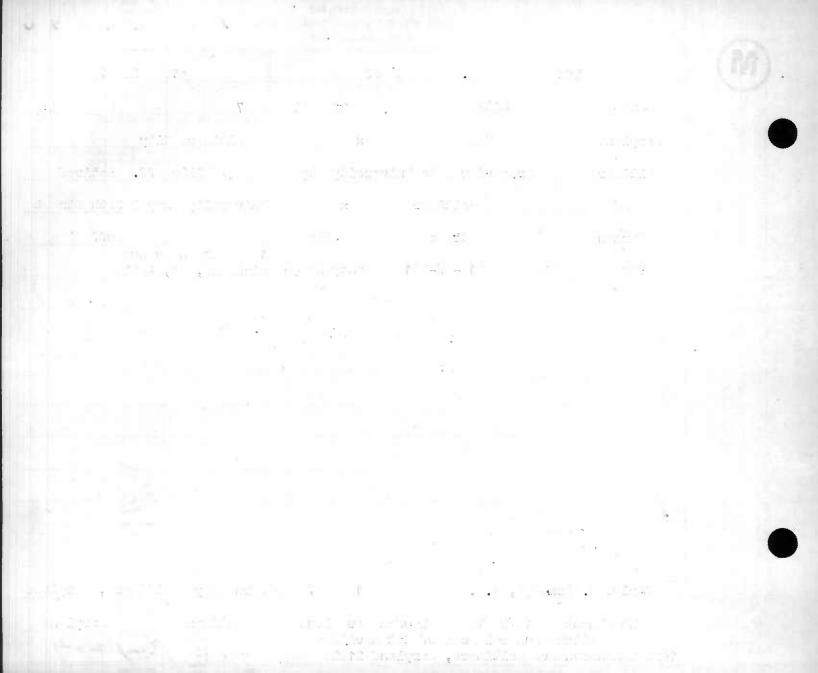




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nay be page 3		CEASED NAME FIRST BES	SIE W. C	REWS	AST	10/6/19	- 12 00
4 moy	3. SE	Felmale	BlAC	K S DATE		6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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AND 215	130.5	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT		DENCE BEFORE ADMISSION) Y OR TOWN) HI MORE	134 INSIDE CITY LIMITS?	3619 Spaul	ain Avenue
MARYL red withing ond 2 s	14 FA	JOE	IDDLE Whi	te.	Elvira	MIDDLE	White
BALTIMORE, cote be execu- ysician and coppers. Pages 1 vol. it, the medical	- 0	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V NKNOWN	NED FORCES? 166 SON NAR OR DATES)	CIAL SECURITY NO. 3-46-1155	Phyllis5m	ADDRESS	SAME 25 above
res that the death certification by the attending phase remove corbang varial, cremation, or remay, or other traumatic even	NO	PART I. DEATH WAS CAUSED (IMMEDIATE Conditions, if ony, which gave rise to immediate cause to), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A C	ONSEQUENCE OF		RRHYTHMIAS	
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi to thending physician. After this certificate has been sig as the burial-transit permit. Thei th and Mental Hygiene prior tak the and Mental Hygiene prior tak arked ar Item 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
I OF VITA SICIAN: T ig physici certificate rial-transi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MC	ONTH DAY YEAR	2 to How injury occur	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
NG PHYS offer this of the buff and Mr offer the buff and Mr offer the buff and Mr	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITAL retained by the TO FUNERAL should be det with the Stote IMPORTANT.		22d. PHYSICIAN'S NAME (TYPE OR	HARES	Н	SINAL H	SPITAL OF	BALTIMORE
OF BB	230. 8	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 10/13/79	- 74-	Mom Dayle	23d. LOCATION CITY OR TOWN	Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR NAME T. C. March F/H		ADDRESS	l nc	TERECO. BY REGISTRAR 1915	SERAR S KNAME

Item 6 g539 1/14/80 gj

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AL RECORD	The The least be ermit.	a	FICA	190 DATE OF OPERATION	196 CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20R AUTOPSY?		WERE FINDING NG CAUSES O	
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NO	4 5 5 7	9 /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		OF INJURY	19	211 LOCATION				
DIVISION OF VIT	After the builth and N	al year	ME	WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	CITY OR TOWN	1	COUNTY	STATE
۵	or at or at OR:)			220 I certify that (I) (this					to10-26	, 19	79_, th	hot (I) (we) lost
	ECT for u	7		sow the deceased alm above, (I) (we) (did) (d	e on 10-26	y after death.	79	id that in (my) (our) opinion	death occurred on the do	e and hour a	and from the co	ouses stated
5.0	DIR Dept			226. SIGNATUR	1	MA	4	DEGREE			12x DAFES	ICHED TO
	y the RAL detac tate [ALL	- / V (1005		ATTENDING PHYSICIAN	MEDICAL STAF		10728	-09 14
	HOSPIT sined by 1 FUNERA uld be de h the Stal			224 PHYSICIAN S NAME (1	MILE	2	22R ADDRESS CHUR	CH HOSPITAL	CORPOR	RATION	21231
	TO HOSPITA retained by the TO FUNERAL should be detained with the State		20.	4.7.7	NOUR I	10001			NORTH BROADW	AY, BA	LTO.	MARYLAND
nini	DD		230. B	BURIAL		30-79		EMETERY OR CREMATORY	23d. LOCATION CITY OF FOWN	COPPETO	OUNTY D	STATE MIN
0101	Dr	219	24 EL	NERAL DIRECTOR		901 Smores		ORE NATIONAL	ERCO BYRESISTRA	b. REGIO	W STIGHT	ALLU . FID .
	OHMH-16 29 (VRA 15, 4)		6	NAME Land		BALTO,		010	40120101		/	. /
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#ULIAL 10-30-79 #ULITHORS EALIDHAD USE.5301 FEDBALUS AV., MARU. . 901 9. JUNIOUS AL. . 2012 9. JUNIOUS AV. . 21329,00.

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

12b KIND OF BUSINESS OR

Hospital

UNKNOWN

4 days

NOF

STATE

STATE

COUNTY

22c. DATE SIGNED

10/17/79

IF UNDER 24 HRS

IF UNDER 1 YEAR

5:40 am

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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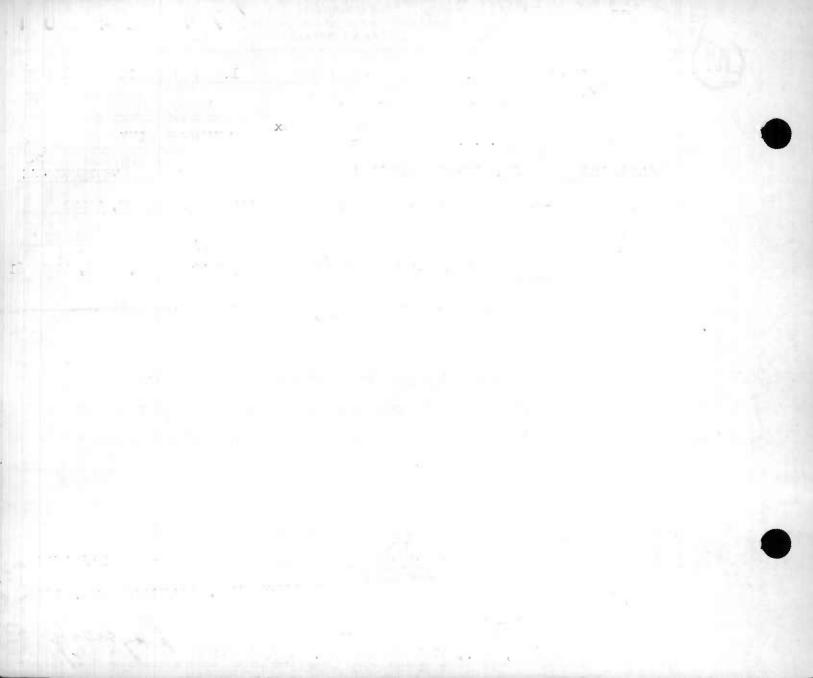
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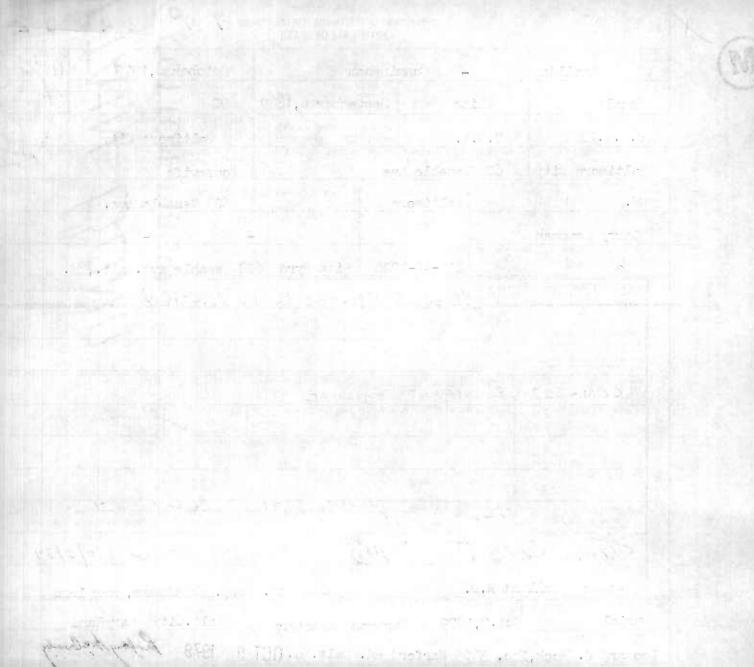
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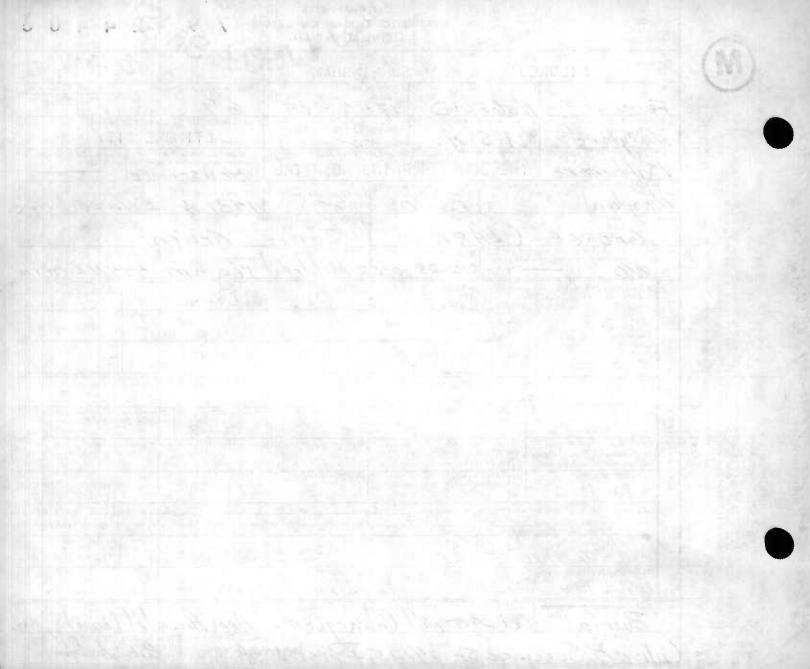
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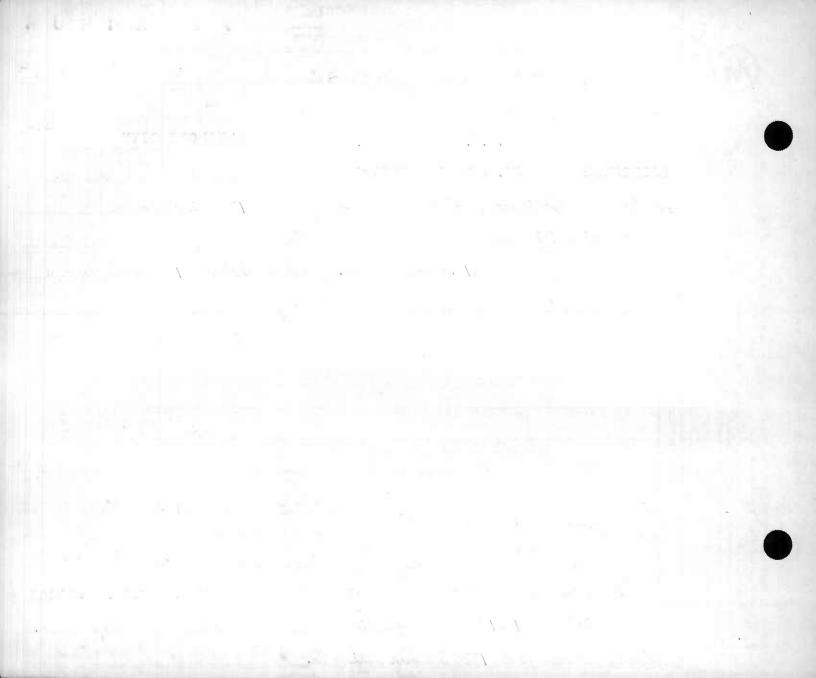
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT 30 October 6,1979 Cunningham Matilda 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS September 8.1889 White Female Ja BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COHNTRY Maryland Baltimore City WIDOWEDLX DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore City Venable Ave DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) filled ould b 130 STATE 13h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Baltimore 608 Venable Ave. NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Larry Woppman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Rita Byrd 608 Venable Ave. Balt. . Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lyne for (a), (b), and (c) physi MYOCARDIAL INFARCTION PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior VUC 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOV YES NO [the burial-tronsit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item 18 MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK augus October 79 220.1 certify that (I) (this hospital) attended the deceased from October sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATHRE DEGREE 22c DATE SIGNED TO FUNERAL D should be detected with the Stote D MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS James Gallant M.D. Union Mem. Hosp. Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE STATE Balt.City Burial Maryland Parkwood Cemetery 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck, Inc. 5305 Harford Rd. Balt. Md OCT



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDOLE LAST 2ª DATE OF DEATH MONTH 2b. HOUR ITYPE OR PRINTI 55 24 MILDRED **CUNN INGHAM** 10 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYFAR MONTH VEAR 12-BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY larulana WIDOWED DIVORCED 10 CITY OF JOWN OF DEATH OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOUSE WIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a SLAFF 113h COUNTY 13e. STREET ADDRESS 136 GHTYDOR TOWN 13d. INSIDE CITY LIMITS? NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART L DEATH WAS CAUSED BY 30-60 min IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, slating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 100 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES T NO M DIVISION OF VITAL 21g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDIC AL EXAMINERS P.M. 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK AT WORK 10/24 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased olive an 10/24 obave, (1) (we) (did) (did nat) view the body after death. and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Hopkin's Emmergence 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL GREMATION REMOVAL 23b. DATE 24 SHINERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79



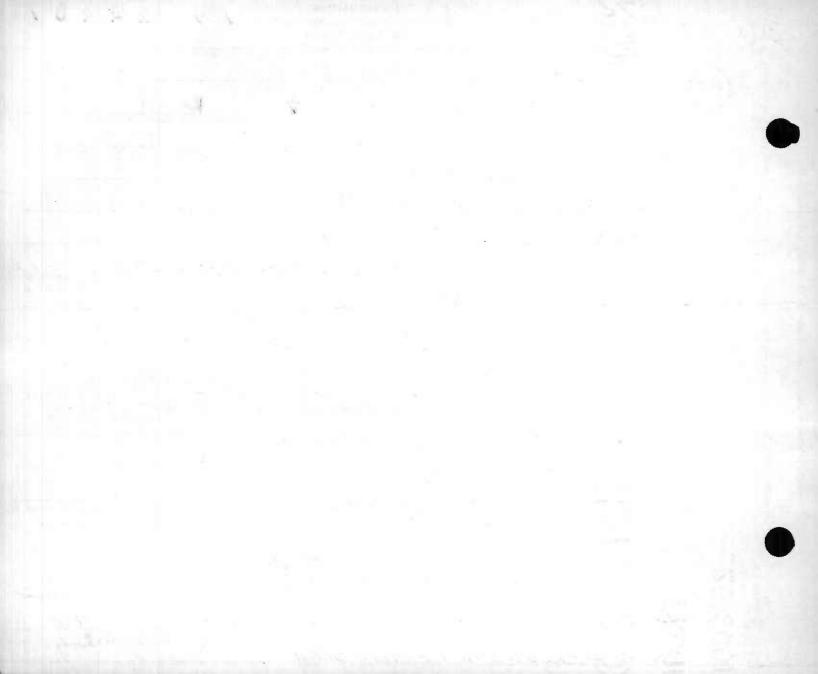
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unerol di hin 72 ho	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	- 60	BALTIM	QRE CIT	Y
by the fi	В	ALTIMORE	11. NAME OF HOSPITAL, NURS INF NOT IN SUCH FACILITY, GIVE STR ST. AGNES	HOSPIT		126 USUAL OCCU (TYPE OF WORK FOR MI housew	OST OF WORKING LIFET	12h. KIND OF BUSINESS OR INDUSTRY Own home
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complete 1 and 2		Frederick St			15 MOTHER'S MAIDEN NA.	MIDO	DDRESS	LAST
cion and cers. Pages		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) I IF YES, GI NO	RMED FORCES? 166 SOCIAL SE ve war or dates) 2/7/m22		Mr. Charles	Cutaiar	814 Fran	cis Avenue
requires, that the death certifical is signed by the ottending phys. Then please remove carbon pop into burial, cremation, or remove injury, or other froumatic event,	ION	Conditions, if ony, which gove rise to immediate cause (01, stating the underlying cause lost.	only one couse per line for (o), (b), ED BY: ED BY: DUE TO, OR AS A CONSEG (b) DUE TO, OR AS A CONSEG (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERM	DAN INAL DISEASE OR C	ASC V) ASC V) ONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEDECE TO THE STATE OF T
The low icion te hos been set permit your principle.	CERTIFICATION	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATIO		206 AUTOPSY?	IN CERTIFY IF	
IG PHYSICIAN: TI attending physici fer this certificate is the burial-transit and Mental Hygi- riked or Item 18 sh	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	DAY YEAR 19 E, FARM, ETC.)	211 LOCATION STREET		INJURY IN ITEM 18, PART	COUNTY STATE
hospital or hospital or RECTOR. After the foruse or ppt of Health fem 21 is mo		sow the deceased alive of	oriol) attended the deceased from n 19	79. on	d that in (my) (our) opinion operation	death occurred on the	ne date and hour o	nd from the couses stated
etoined by the etoined by the TO FUNERAL DI should be detocl with the State De		728. PHYSICIAN'S NAME (TYPE	ORPHUT) O COMO	ST.	ATTENDING PHYSICIAN [220 ADDRESS] WILKENS &	DIRECTOR PH		10 16.28 0.MD.21229
PP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) burial	10/18/79 23	Meadow	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	co	ounty State
DHMH-16 20M (VRA 15, 4) 7/78		INERAL DIRECTOR NAME AMBROSE Funeral	Home 1328 Sul	phur S	pring Rd. 250. DAT	T1 7 1979	PAR 25b. RESISTRA	R'S SIGNATURE



1 16.61 38. - 1

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	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9 2 4 4 0 7
	DECEASED NAME FRST TYPE OR PRINT) SEX GRANT GR	belle aniels Arace S. Date of Birth Black S. Date of Birth Black S. Date of Birth Black S. Date of Birth About Year	20 DATE OF DEATH MONTH DAY YEAR 25, HOUR 10-12-79 6. AGE (IN YEARS LAST BIRTHOAY) WONTH'S DAYS HOURS MIN
by the funeral filed within 77	BIRTHPLACE (STATE OR FOREIGN COUNTRY) G G G CITY OR TOWN OF DEATH SUAL RESIDENCE UP NURSING HOME OF	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONORCED MIDOWED DOORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F HOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH MD. 176. KIND OF BUSINESS OR INDUSTRY Dornostk
ompletely filled and 2 should be	FATHER'S NAME FIRST WAS DECEASED EVERTINUS. A	MIDDLE AXI ENT	ADDRESS ADDRESS ADDRESS
res that the death certificate by med by the attending physician please remove carbonpopers. Ourial, cremation, or removal. Y, or other traumatic event, the	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	APPROXIMATE INTERVAL MIWEEN ONSET AND DEATH WARM ANALO AINAL DISEASE OR GONDITION GIVEN IN PART AND OF THE PROVIDENCE OF THE PART AND OF THE PROVIDENCE OF THE PART AND OF
ital attending physicial by the hospital or attending physical BRECTOR. After this certification of the order order order of them 21 is marked or them 1	saw the deceased alive of above, (I) Live) (did) (did no 1726. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE)	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21i. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21i. LOCATION STREET 21i. LO	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VES NO COUNTY STATE CITY OR TOWN COUNTY STATE COUNTY MEDICAL STAFF DIRECTOR PHYSICIAN COUNTY STATE 221. DATE SIGNED COUNTY COUNTY STATE 222. DATE SIGNED COUNTY COUNTY STATE COUNTY STATE COUNTY COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE COUNTY COUNTY STATE
# BP	39. BURIAL, CREMATION, REMOVA ASSECIFY BURIAL I FUNERAL DIRECTOR NAME TO SHARM IN THE SHARM	10-17-79 MT AUDULA CEM	23d LOCATION COUNTY STATE TE REC'D. BY REGISTRAN 23th AEGESTRAN'S SEGNANTINE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL	LHYGIE	NE PEG. NO.	52	4-4	0-8
	ECEASED NAME FIRST	,	MIDDLE	1	AST	2	O DATE OF DEATH MONTH	H DAY	YEAR	26. HOUR
3 SI	[2]	EANOR 4 RACE	M	5 DATE C		6	OCTOBER 07		DER I YEAR	07:35A
	female	whit	e	MONTH 4	28 1	9	60	YRS.	HS DAYS	HOURS MIN
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	US.		MARRIE			BALTIMORE CITY OR CO	CITY		MC
7	Baltimore	THE JO	HIS HOP	ADDRESS) KINS	HOSPITAL		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Clerk		NDUSTRY Rea	d's
5 Ma	aryland B	AE OR OTHER INSTITUTION OUNTY altimore	, GIVE RESIDENCE BEFOR 13c. CITY OR TOW		130 INSIDE CITY LIMIT		7338 Manches	ster 1	Road	
31	FATHER'S NAME FIRST John	MIDDLE	Niedoba		15. MOTHER'S MAIDER FIRST Anna	NAME	WIDDLE		Krcz	ewski
2 140	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	017 07 5		Edward J.	Dan	ielczyk 7338	Mancl	nes te	r Rd 212
2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, O	R AS A CONSEOUI	ENCE OF	ISCHEMIC H	EAR	T DISEASE ALDISEASE OR CONDITION	N GIVEN I	N PART 10	2)
CERTIFICATION	196 DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			IF YES, WI CERT IFY INC YES	CAUSES	NGS USED OF DEATH?
1	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJURY IN ITE	EM IS, PART 1	OR PART 2)	11-12-1
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		OUNTY	STATE
	226.1 certify tha (1) (this h saw the deceased alive abave, (1) (we) (did) (die	on_ 10/7	19.7		nd that in (my)(aur) opi	nian de	oth accurred an the date an	, 19_		
		Kunnetta	Kem		DEGREE M O ATTENDIN PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN (10 -	SIGNED
	22d PHYSICIAN'S NAME (TO	nneth	Kern		Tohi	ns	Hopkins Hos	pital		
23a.	BURIAL, CREMATION, REMO (SPECHY) Burial	236. DATE 10/10,			EMETERY OR CREMATO		23d LOCATION CITY OF TOWN Baltimore	cou	NTY	STATE Md
24. F	FUNERAL DIRECTOR		ADDRESS		250	DATE R	REC'D. BY REGISTRAR 256. R	EGISTRAR	SSIGNAT	URE

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attend should be deteched for use as the burial-transit permit. Then please remove carwith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shows any injury,

Walter Dabrowski

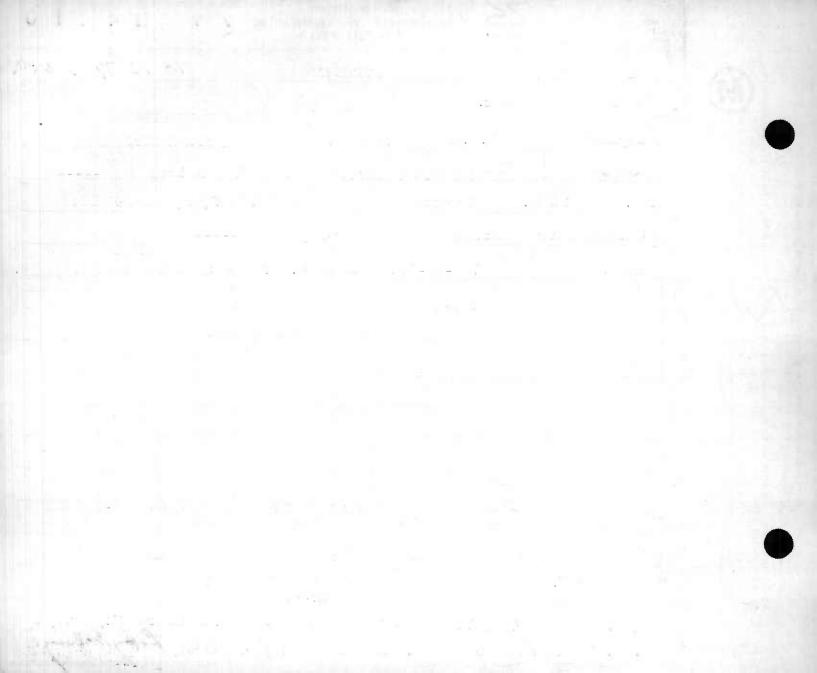
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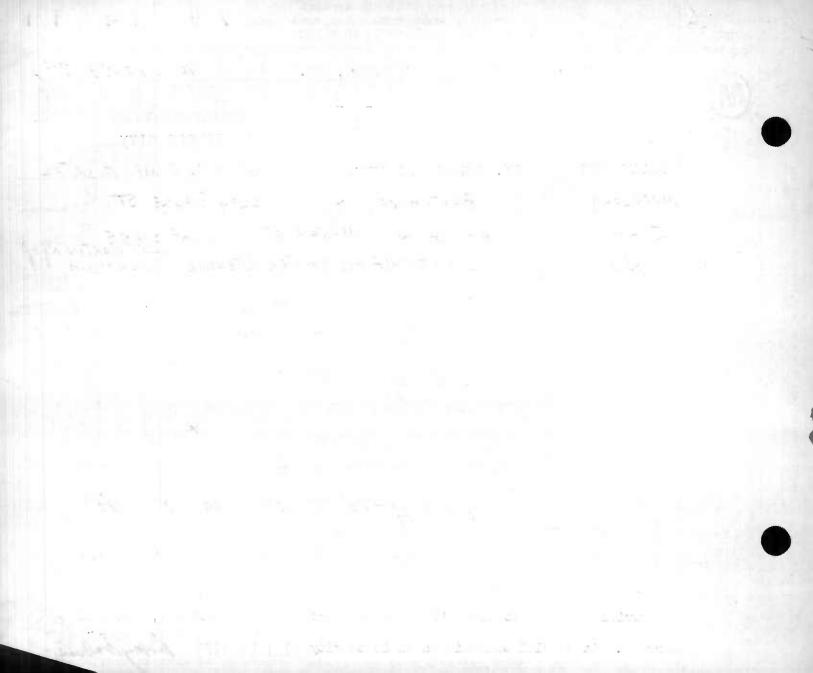
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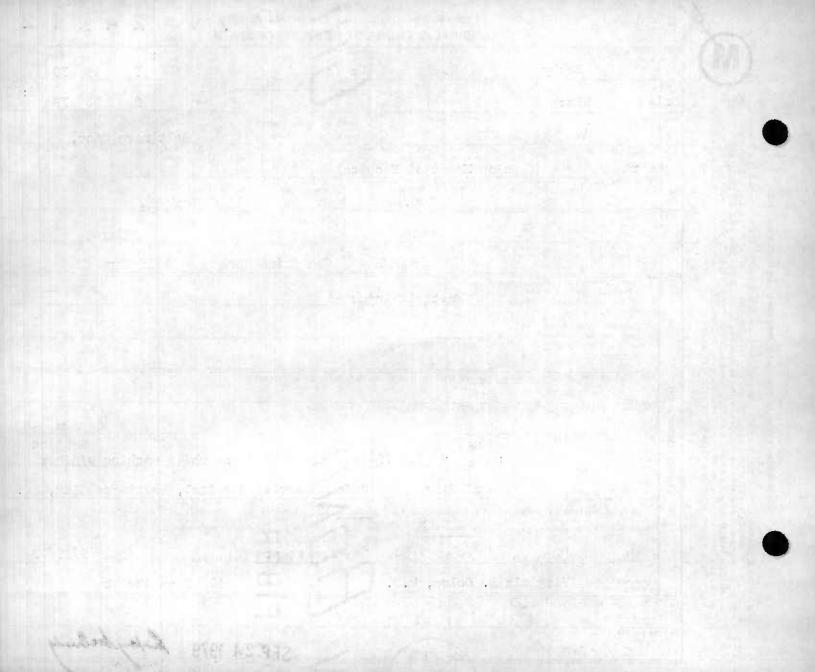
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	I. DE	CEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH D.	AY YEAR	26. HOUR
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		Female		Cau	c.	4	20 1901	78	YRS.	ONINS OATS	MOOKS N
10		RTHPLACE (STATE OR DUNTRY)			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
3/1/	10.0	Maryland	-		S.A	WIDOWE		PALTIM		_	
2/4	1		AIH /	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS	OR OTHER INSTITUTION	176. USUAL OCCUPAT	OF WORKING LIFE	INDUSTRY	OF BUSINESS
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15 J		AL RESIDENCE (IF NUI STATE Md.	Balt	ү О.	Towsor	1	134. INSIDE CITY LIMITS? YES NO 🔼	1129 Gyps	sy Lan	e #212	04
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300		Charles			eller		Mary			Klohe	
medico		VAS DECEASED EVEI res, no or unknown	R IN U.S. ARMI		166 SOCIAL SECU		17 INFORMANT	ADDR)93	
		no			703-05-7929 James K. Daugherty 2121 Fore						
t, the	-	18 CAUSE OF DEA	TH (Enter only	one couse pe	r line for (a), (b), an	d (c), (BETWEEN	ONSET AND DE
5		PART I. DEATH V			Seisis						
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ny injury, or	ATION	PART 2 OTHER SIG	INIFICANT CO	NDITIONS <u>C</u>							
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ws any injury, ar	RTIFICATION	PART 2 OTHER SIG	SNIFICANT CO	196 COND	DITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDIE	NGS USED
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If Nem 21 is marked or Item 18 shows any injury, or	1	PART 2 OTHER SIG	ATION NDERLYING CAUSE OF DEATH CALEXAMINER) RRED WHILE COR (did) did not)	196 COND 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME, S1	OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, I	OPERATIO AY YEAR 19 FARM, ETC.)	211. LOCATION STREET A 2 7 19 7 5 and that in (my) (Gur) applian DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	106. IF YES, IN CERTIFY YES URY IN ITEM 18. PA	WERE FIND II ING CAUSES TI 1 OR PART 2] COUNTY 9 ond from the	NGS USED OF DEATH? NO STATE
If Nem 21 is marked or Item 18 shows any injury, or	1	PART 2 OTHER SIG	ATION NDERLYING CAUSE OF DEATH CALEXAMINER) RRED WHILE COR COR (did) did not) PAME (TYPE OR P	21b. TIME (HOUR A P 21b. PLACE (AT HOME, S)	OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, I	OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO CITY OF TO CITY OF TO death occurred on the of MEDICAL STA DIRECTOR PHYSI	TOB. IF YES, IN CERTIFY YES URY IN ITEM 18. PA	WERE FIND II ING CAUSES TI 1 OR PART 2] COUNTY 9 ond from the	NGS USED OF DEATH? NO STATE
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If Nem 21 is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	PART 2 OTHER SIG	NIFICANT CO	21b. TIME (HOUR A P 21b. PLACE (AT HOME, S)	OITION FOR WHICH OF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL ST/ DIRECTOR PHYSI AL HOSPITA 1234 LOCATION	TOB. IF YES, IN CERTIFY YES URY IN ITEM 18. PA	COUNTY 9 7 7 , ond from the	NGS USED OF DEATH? NO state that (I) (ve) couses state SIGNED

STATE OF MARYLAND







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E	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2441
(M)		CEASED NAME FIRST ELIZA	BETH CLEMINA	A DAVIS	OCTOBER 11	1979 26. HOUR 10:5
The same of the sa	Female To BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia		White	March 19, 1917	6. AGE (IN YEARS LAST BIRTHDAY) 62	
1 1 35			76 CITIZEN OF WHAT COUNTR	WIDOWED DIVORCED	BALT I MORE	E CITY "
hourr iffill in by the filled	В	altimore	THE JOHNS H	IOPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWITE	12b. KIND OF BUSINESS O INDUSTRY
uted within 24 ho mpkrety files in nd 2 should be fil sical examiner mi	Ma	AL RESIDENCE I IF NURSING HOME OR STATE Tyland A	13c. CITY OR TO	DIE ADMISSION) Burnie YES NO X 134 INSIDE CITY LIMITS? Burnie YES NO X		y Road A-449
mpletely mpletely and 2 sho dical exa		THER'S NAME Larence	Cameron			
E be executed and the me		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI NO	111110 000 011111	curity no. 17 Informant 2-1438 Charles Da	avis 1554 R	Reinhardt Lane
uires that the death cer inned by the attending to please remove carbon pr urial, cremation, or ren jury, or other traumation		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC (b) WETATHER DUE TO, OR AS A CONSEC (c) NEMBER FOR	ic Aciposis	: Exmeminies	GIVEN IN PART I (o)
: The law req e has been sig ermit. Then ene prior to t shows any in	CERTIFICATION	PANAL FAILURE	SEPSIS, PEMPH. 196 CONDITION FOR WHI RHEMMERIC H	200 AUTOPSY? 206. IF	EYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?	
SICIAN Lysician. Certificat transit protein 18 Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCUR	YES NO	YES NO
DING PHY ttending ph After this c s the burial th and Men marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION	CITY OR TOWN	COUNTY STATE
ATTEND bital or att ECTOR: / for use as for Health			tol) ottended the deceased from	n 0 , 19 , 19 , ond that in (my) (our) opinion	death occurred on the date and	
DIR hosp		226. SIGNATURE R. St.	10/11/79			
TO HOSPITAL- retained by the h TO FUNERAL D should be detach with the State De IMPORTANT: If		776 PHYSICIAN'S NAME ITYPE O		224 ADDRESS		
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	100.07.112	R. NAME OF CEMETERY OR CREMATORY Glen Haven Cemeter		
DHMH-16 25M (VRA 15, 4) 1/79	24 F	NAME RAYMOND &.Fi	nk Glen Bu	rnie, Md.	FRET OF BREININGS 522 KIN	wordy making

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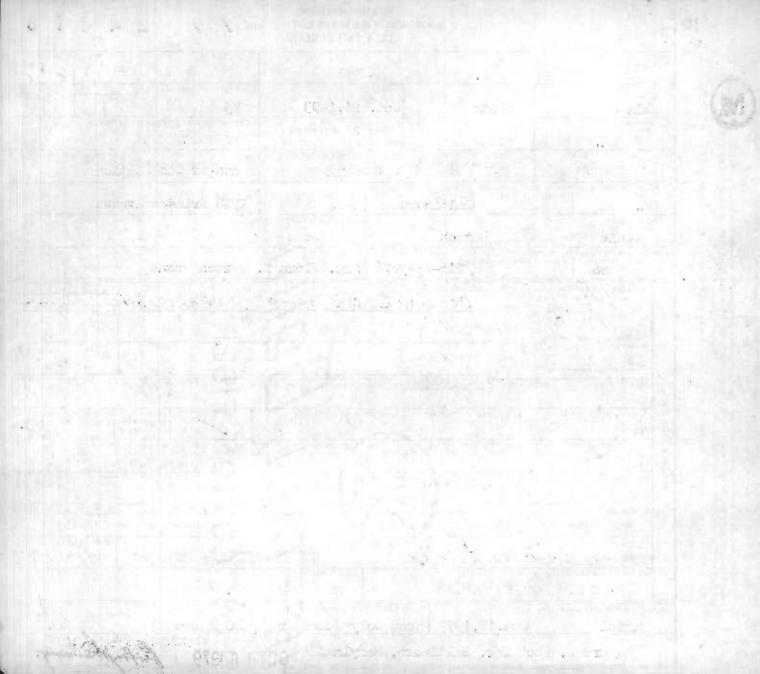
(M)	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 7 9	2 NO.	4 4	. 1 6
(IAI)		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
> 0.6			JOSEPH	I Mic	hael	DEM	ARCO Sr.	OCTOBER	02 19	979	8:55B
E CLEAT	3 SE			4 RACE		5 DATE		6. AGE (IN YEARS LAST B		WONTHS DAYS	# UNDER 24 HRS
recto recto		Male		White		Mar	ch 9,1919	60	YRS.		
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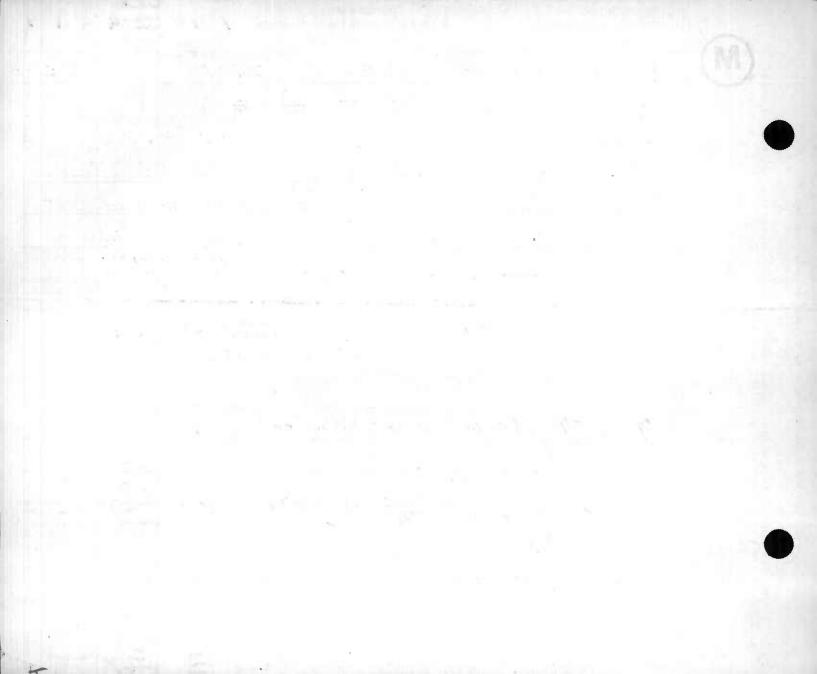
STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNXX (TYPE OR PRINT) Carrie H . Dent DEATH MATED 31 19 79 10 SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3:38 DATE LAST BIRTHDAY) PRONOUNCED female white 8/15/1904 10 31 1979 To BIRTHPLACE (STATE OR TH CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED 6 NEVER MARRIED Balto., Md. U.S. A. DIVORCED Baltimore City WIDOWED HE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY # NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Church Hospital (Housewife Baltimore Homemaker USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 1 Baltimore Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles offman Emma Merkins 16b. SOCIAL SECURITY NO. 17. INFORMANT Baltimore BORESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Md. 21224. (YES, NO, OR UNKNOWN) D. Dent-736 S. Linwood unknown Carroll CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which smoke inhalation gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) AS A MEDIC CERTIFICATION Arteriosclerotic cardiovascular disease 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL E DEPARTMENT OF PRIOR TO BURIAL YES 🗍 NO [216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 4:57RM 10/19 1079 smoke inhalation from house 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STATE AT WORK AT WORK XX home 736 S.Linwood Ave, Baltimore City. MD Inquiry XX 228. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion Accident XX Hamicide Undetermined manner Natural causes TO MEDICAL EXAMI
EXECUTE THE CERTIF
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
ATTER DEATH, WITH
BALTIMORE, MARYLA TITLE (SPECIFY) 11/1/79 DATE Assistant SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street, Balto.MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION tery Baltimore, Maryland Parkwood Cemetery 11/3/79 Burial John H. Moran, Ina. 24. FUNERAL DIRECTOR **DHMH-17** 3000 E. Baltimore St. VR A15 ME (5)) 30M 7/73 P-141-011 /10 - 2126

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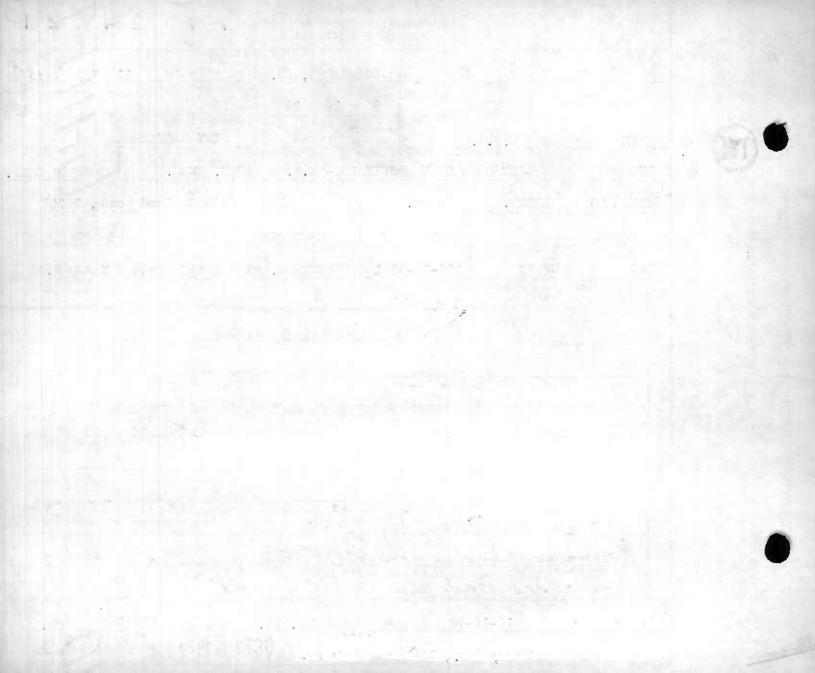


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TO MEDICAL EXAMINER: TEXECUTE THE CETTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTMORE, MARYLAND, 217,	-	(TYPE OR PR					ADDRESS_		23d. LOCA		alto.,	TAITA •	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) DIGIOSAFAT. VINCENT C SR. 10 79 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR MONTH **9** DAYS MALE WHITE 20 24 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY CITY BALTIMORE MARYLAND U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ALTIMORE CITY HOSPITALS - E.R. BALTIMORE ACCT. EXEC. COURIER CORP. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTO. 5544 Gayland Road , 21227 ARBUTUS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE NATALE VICTORIA DIGIOSAFAT DI ROSA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) YES WW II 216-18-4382 ROBERTA E. DIGIOSAFAT 5544 GAYLAND ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b and ic-PART I. DEATH WAS CAUSED BY avolac DUE TO, OR AS A CONSEQUENCE OF unlac Discuse - Schemic Conditions, if ony, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF couse underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? sho and Mental Hygie 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Jriol-(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ō (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on obove, (I) we) (did) did not) view the body after death. , and that in (my (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAN'S YAME (TYPE OR PRINT 22 . ADDRESS should be with the 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE ELKRIDGE HOWARD BURIAL 10-15-79 MEADOWRIDGE MEM. PK 24 FUNERAL DIRECTOR 21229 DHMH - 16 60M 1/75 (VR A 15 (4)) HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

STATE OF MARYLAND

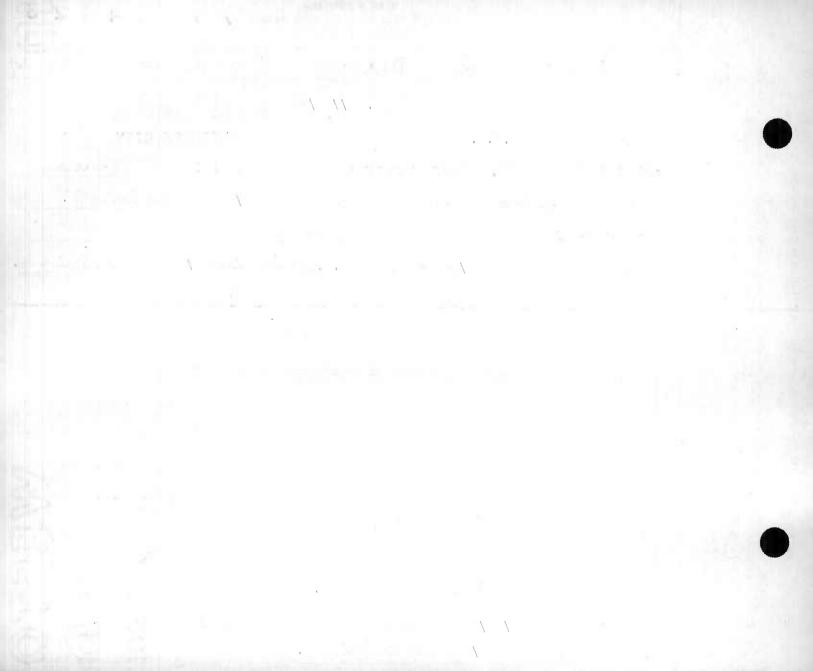


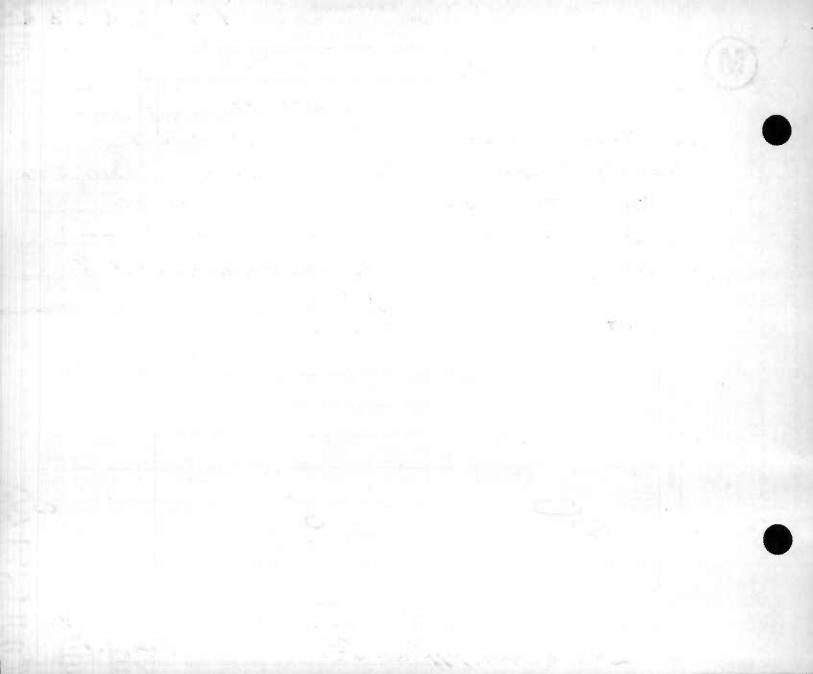
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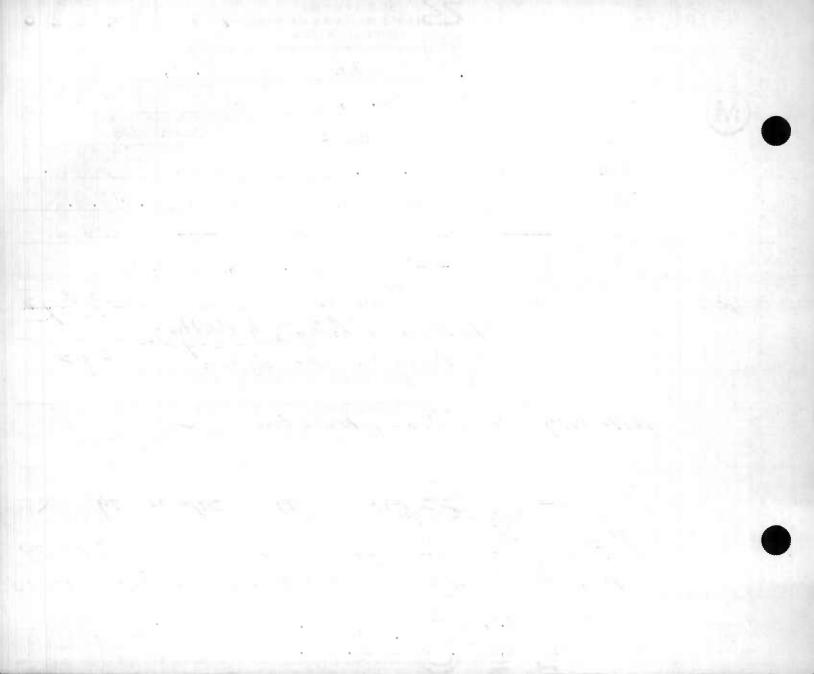
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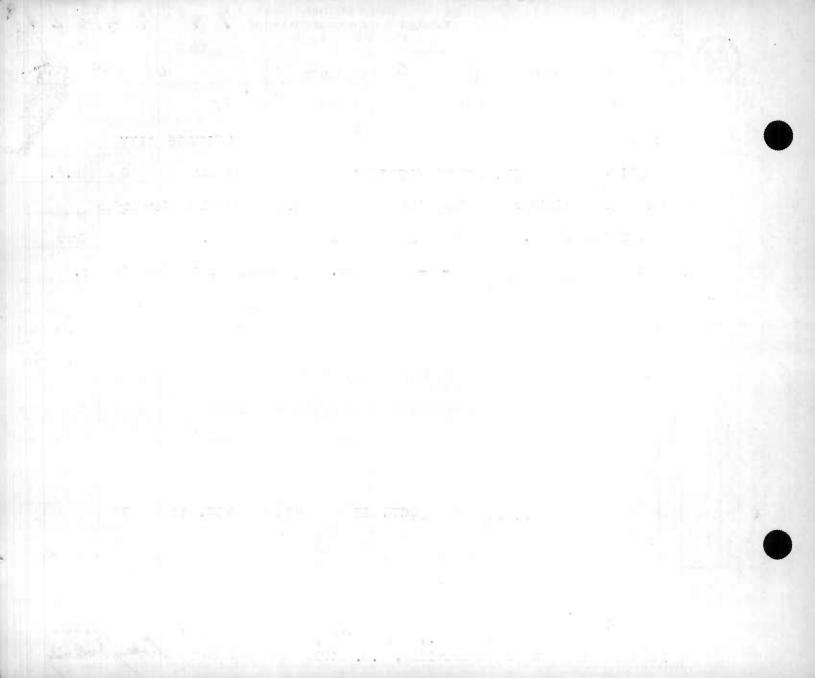


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	3 SE		4 RACE	12	S. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
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eath. Pagend drivers of the page.	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Ttaly	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	MD
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L RECORDS, 201 W. PRESTON e low requires that the death can. no. has been signed by the attendin permit. Then please remove carte prior to burial, cremation, or sing any injury, or ather traumatic	CERTIFICATION	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, O (c) CONDITIONS CO		EQUENCE OF	NOT RELATED TO THE TEI N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES	NGS USED S OF DEATH?
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DIVISION OF PITAL OR ATTENDING PHYSICIA by the hospital or attending pi FERAL DIRECTOR: After this certif se detached for use as the burial-th State Dept. of Health and Mental ANT: If them 21 is marked or Item	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE ATWORK ATWORK	ATH HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.1	21f. LOCATION 19 Id that in (my) (of) apinio	city or to	wn county 19) 7 Iate and haur and from the 272. PATE CIAN	
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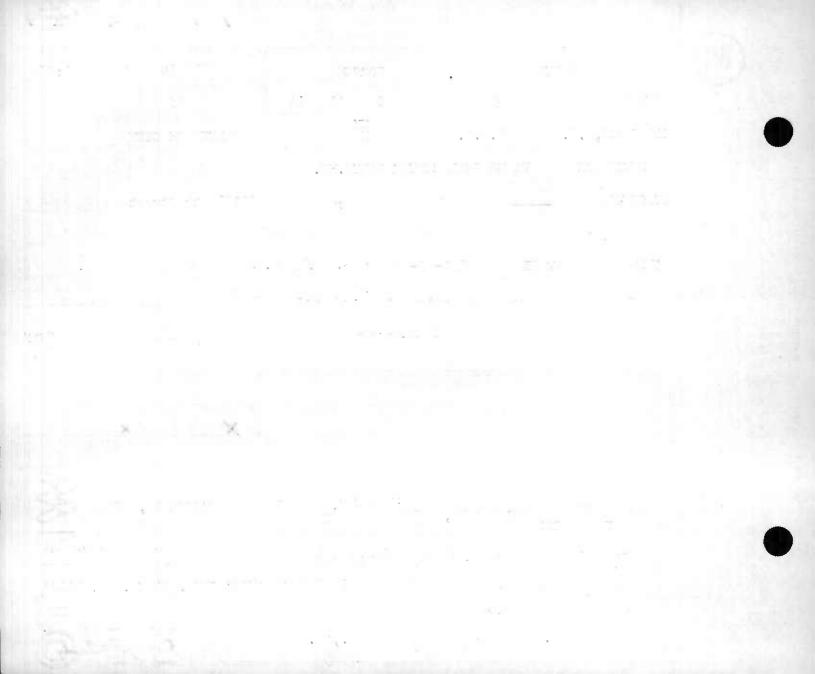
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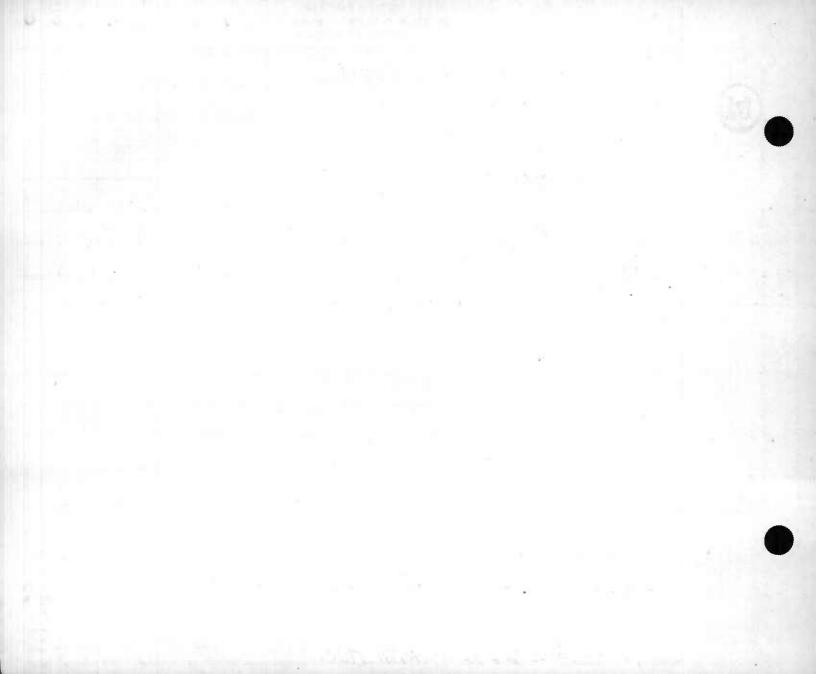
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n and n and medica	16a V	VAS DECEASED EVER IN U.S. A res, no or unknown) (IF YES, G	RMED FORCES? WE WAR OR DATES)	705-05-1		S. [annelly, 14	2 Long		
squires that the death certificate be signed by the attending physicial Them please remove corban papers to burial, cremation, or removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDI	only one couse pe SED BY: ATE CAUSE (o)	r line for to1, (b1, on	accular	, 1	Accido	ent (hem	orhage	APPROXIM BETWEEN O	
ne death ce se attending smave carb matian, ar r traumatic		Canditions, if any, which	DUE TO, C	OR AS A CONSEQUE				this certi		DO 10	Tiol
by the cose remo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEQUE	ence of hos	pita	al			16	Pil
equires in signed Then ple r to buris injury, o	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO L	DEATH BUT NOT R	ELATED	TO THE TERM	INAL DISEASE OR CO			
on. hos been to permit I lene prior ions only it.	CERTIFICATION	190 DATE OF OPERATION	196 CONE	TION FOR WHICH	OPERATION WAS	PERFO	RMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH
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DING PHYS or attending After this cleas the bur oith and Me marked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F		OCATIO STREET	DH .	CITY OR TO	OWN	COUNTY	STAT
TTEN spital TOR: for us of He		220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did	OCT 11	197		in (my)	_, 19 <mark>7 9</mark> (aur) apınian	death accurred an the		and fram the c	
0 4 0 0 0 -		22b. SIGNATURE	800 al	Rang	DE GRE	A F	TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗷	22c. DATE S	II/JC
FUNER FUNER FUNER FUNER FORTAN		224. PHYSICIAN'S NAME (TYPE	CORPRINT)	ARIA	22e A	ST.		NES Ho	SP		
PP	23o. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial	10/13	/79 N	NAME OF CEMETE BW Cathed	iral		23d LOCATION CITY OR TOWN Beltimore		Mary	STATI land
DHMH-16 20M (VRA 15, 4) 7/7B	1	UNERAL DIRECTOR 1630 NAME tzke Funeral I	Edmond	SON AVE.,	Catonsvi	lle	28 00	T 1 5 1979	R 25b. RECOTR	AR'S SIGNATU	IRE Ready



(0)	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / 9 2	4 4 2 9
P, (M)		CEASED NAME FIRST FRITT	MIDDLE	DODGGI	20. DATE OF DEATH MONTH D	
	3 SE		I4 RACE	DORSCH 5. DATE OF BIRTH		29 79 1:55P M
ge 4 ector, ors off		MALE	White	**************************************		ONTHS DAYS HOURS MIN
ier death. Po within 72 hours	Í	RTHPLACE (STATE OR FOREIGN OUN LEY) YORK, N.Y.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED L	DAT MITHODIS OF THE	
offer dwg		BALTIMORE	VA MEDICAL CEN		120 USUAL OCCUPATION (TYPE OF WORK BOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY From Worker
filled in could be	130	AL RESIDENCE (IF NURSING HOMEO STATE 136 COUI IARYLAND	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Baltimore	/N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 4034½ 6th Stree	
withir withir days		Fritzof	MIDDLE Dorsch	15. MOTHER'S MAIDEN N	AME MIDDLE	Anderson
be executed on and comp	16a \	vas deceased ever in u.s. ar yes, no or unknown) YES WW	RMED FORCES? 166 SOCIAL SECU TE WAR OR DATES) 192-05	-4496 Mrs. Emily 1	N. Dorsch 4034 ¹ / ₂ 6	
ON ST., BALTI th certificate b nding physicial carban papers.			nly ane cause per line far (o), (b), ar ED BY: TE CAUSE (o)	al Failure		BETWEEN ONSER AND DEATH
NG PHYSICIAN: The law requires that the death certificated physician attending physician feet this certificate has been signed by the attending phase the bural-transit permit. Then please remove carbang th and Mental Hygiene prior to burial, cremation, or remarked or them 18 shows any injury, or other traumatic even		Canditians, if ony, which gave rise to immediate cause 101, stating the	DUE TO, OR AS A CONSEQU	abetes		
equires that a signed by Then please to burial, or nijury, or other	No	PART 2 OTHER SIGNIFICANT ((c)		MINAL DISEASE OR CONDITION GIVE	N IN PART I(a)
The law reticion strate has been strate has been strate prior shows only in the horse only in the hors	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
HYSICIAN: TI ading physicians certificate burgitansis Amental Hygio or fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH D		RRED {ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
DING PHYS or attending After this of the buy of the buy of the buy marked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 2)1 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (X)(this hasp	october of the deceased from OCTOBER	AUGUST 9, 19 7	9 to OCTOBER 29, on death occurred on the date and hour	9_79, that № (we) lost and from the causes stated
O HOSPITAL CX ATTEN etained by the hospital TO FUNERAL DIRECTOR, should be detached for us with the State Dept of He WITH THE STATE DEPT OF HE		A AL	arotoki	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF TO DIRECTOR PHYSICIAN	10/29/79
TO HOSPITAL retained by the TO FUNERAL should be defined with the State IMPORTANT:		224 PHYSICIAN'S NAME (TYPE OF	ROFSKY M		RAVEN BLVD. BALTO). MD. 21218
53 (BP	(BURIAL, CREMATION, REMOVAL Burial	11/1/79 (e	Name OF CEMETERY OR CREMATORY dan Hill (emeteny	Baltimore Anne	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/78	MC.	meral director 237 ("Milly Funeral"	Patapsco Avenue Home of Brooklyn	Balto., Md. 155. DA 21.225 NO	V2 1979	AR'S SIGNATURE



STATE OF MARYLAND



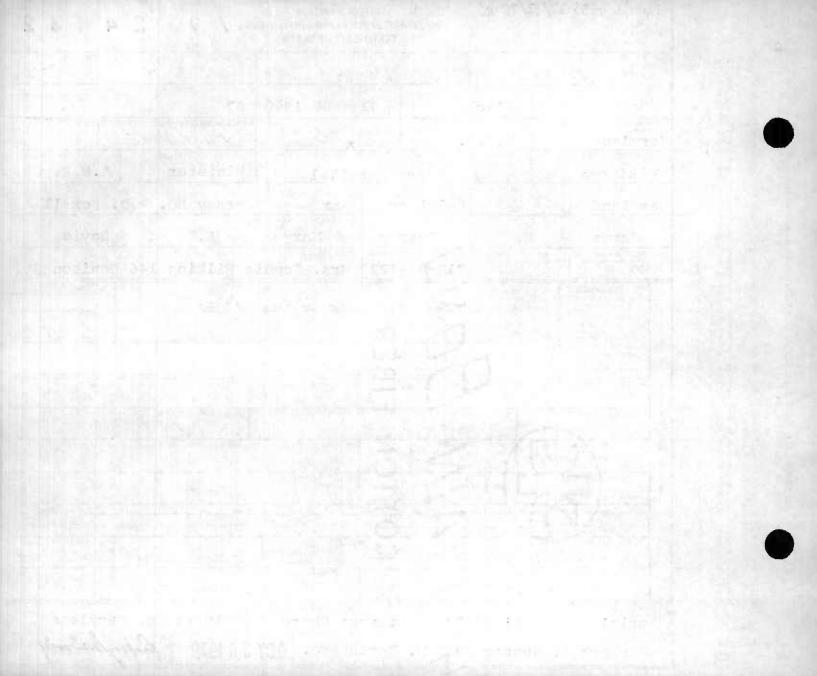
1. D (17)	- STATE REGISTRAR ECEASED NAME FIRST VE OR PRINT) JAMES EX MALE	MIDDLE DO	CERTIFICATE OF DEATH IAST RSEY	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 25 HOUR
3 S	JAMES	DO		20. DATE OF DEATH MONTH DAY	YEAR 2b HOUR
3 S	JAMES		PCFV	10 1/ 7/	
935		4 RACE	TOLI	10-14-79	8:30 am
55	MATE		5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UP	NDER I YEAR IF UNDER 24 HRS
55		BLACK	2 - 17 - 10	69 YRS.	
6	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED K	9 BALTIMORE CITY OR COUNTY OF	DEATH
	ITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE CITY	MD.
70	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET MIDTOWN HOME	ADDRESS)		12b. KIND OF BUSINESS OR NDUSTRY
3/ 130.	STATE 136 COUN		'N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 8239 MORNINGBIEW	DRIVE
14 F	ATHER'S NAME	TGOMERY GAITHER	15. MOTHER'S MAIDEN NA		DKIAE
50	FRANK	DORSEY	FIRST	EBECCA BROOKS	LAST
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU 219-76-3	RITY NO. 17 INFORMANT 892 VIOLA SIMPS	AP7733 Mine ON (NIECE)Gaithersb	ral Spring Dr urg, Md.
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve		TE CAUSE (o) CAREDIO	REOPIRATORY	MRREOV	
a ofic	7292	DUE TO, OR AS A CONSEQUE	ENCE OF D		
trou	Conditions, if ony, which gave rise to immediate	(b)			
other	couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE		PAISHFFILIFALLY	
y, or	PART 2. OTHER SIGNIFICANT O			MINAL DISEASE OR CONDITION GIVEN I	N PART 1(0)
NO NO	C	DONGESTIVE	HEART F	ALLIRE	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WI IN CERTIFY INC	ERE FINDINGS USED G CAUSES OF DEATH? NO []
E	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF DEA	sin .	19		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
IW W	22a. I certify that (I) (this hospi	at view the body ofter death	9, and that in (my) (our) apinion	death accurred on the date and hour and	that (1) (we) last
If hem	22b. SIGNATURE	Mours	DEGREE ATTENDING	MEDICAL STAFF	120. DATE SIGNED
IMPORTANT: I	224 PHYSICIAN'S NAME THE		PHYSICIAN J	DIRECTOR PHYSICIAN D	500
9	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	0.0,
1 230.	(SPECIFY) RIPTAL			CITY OR TOWN COU	NTY STATE
	(SPECIFY) BURIAL		nory Grove Cemetery	CITY OF TOWN	Montg. Md.

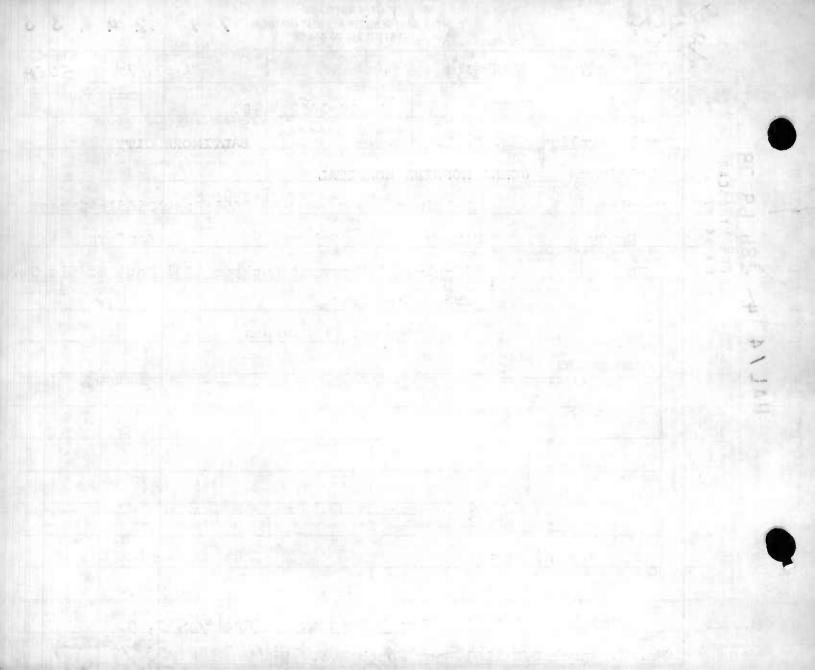
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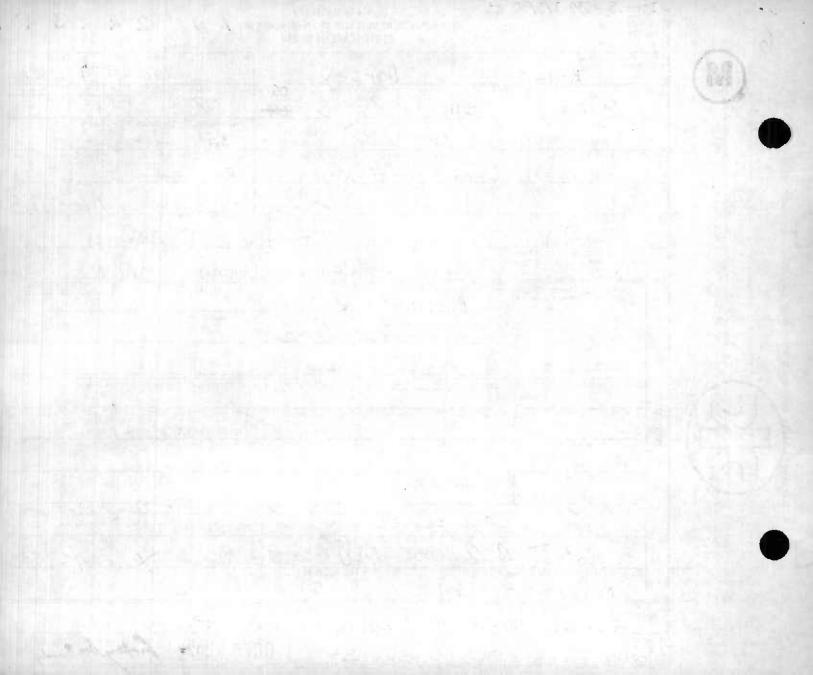
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0	1	tem 1 g536] FOR STATE REGISTRAR	.0/31/79 g	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 7	9 REG. NO.	2 4 4	3 2
oy be death	1. DE	E OR PRINTI	PMES	WIODLE		rsey	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR 924
ge 4 mo)	3. SE	x Male	4. RACE Bla	ck	S. DATE C			EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
e	1	IRTHPLACE (STATE OR FORE	JE CITIZEN C	· A .	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED	R	RECITY <u>OR</u> COU		MI
Softer of the full with the full of with the full of t		altimore		SUCH FACILITY, GIVE ST		ROTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKIN	IG LIFE) 12b. KIND O INDUSTRY A.M.	E. Ch.
filled in nould be	13a	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITUTE	131. CITY OR T Balti	OWN	13d INSIDE CATY LIMIT	13. STREET Dorse	address y Rd. F	.O. Box	: 11
ompletely ond 2 st		James	MIODLE E		rsey	Is MOTHER'S MAIDER Mary		WIDOLE	Davi	s
be execut	16a	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES FYES, GIVE WAR OR DATES)		3-4222	Mrs. Son	phia Wil	ADDRESS	l6 Denis	on St.
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers, Pages I and 2 should be file than Americal Hygiene prior to burial, cremotion, or removal and as shows any injury, or other traumatic event, the medical examine must be not acked at them 18 shows any injury, or other traumatic event, the medical examine must be not acked at them 18 shows any injury.	z	Canditions, if any, we gove rise to immediate to stating underlying cause PART 2. OTHER SIGNIF	thich (b) diote the last (c).	OR AS A CONSE	ouset QUENCE OF aslalu	ching a	disored Carcinio	ma	day	
The law recicion. The law recicion. The has been asit permit. If rigiene prior the shows any in the shows and the shows a show	CERTIFICATION	190 DATE OF OPERATIO	ON 19b COP	NDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FINDIN RTIFYING CAUSES YES	
HYSICIAN: The Ic nding physician. his certificate has burial-transit per d Mental Hygiene or them 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU. (IF EITHER, NOTIFY MEDICAL E	SE OF DEATH HOUR XAMINER)	OF INJURY A.M. MONTH P.M. DE OF INJURY STREET, FACTORY, OFF	19	216. HOW INJURY OC	CCURRED (ENTER NA	TURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	STATE
R ATTEND hospital or hospital or RECTOR: A hed for use ppt. of Heal tem 21 is m	M	WHILE NOT WHILE AT WORK 220.1 certify that (1) (the saw the deceased abave (1) (we) (did 22b. SIGNATURE		the deceased fro	om/A	d that in (my) (our) opi	79, to inion death accurre	10 /28	. 19. 77.	that (I) (we) as
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State DI IMPORTANT. IF I		1	ORMA				ncy A		10/. e	28/79
BP)	BURIAL, CREMATION, RE SURIAL UNERAL DIRECTOR	23b. DATE 11-0			emetery or cremato	h Ca'l'	vert Co.	Maryla	
DHMH - 16 50M 1/76	49.	UNERAL DIRECTOR	March bears	3 A 3 MDRESS	n NI	h 7 ***	DATE REC'D, BY R	TO KAK ZSB. KE	LAN S SUNAL	RE





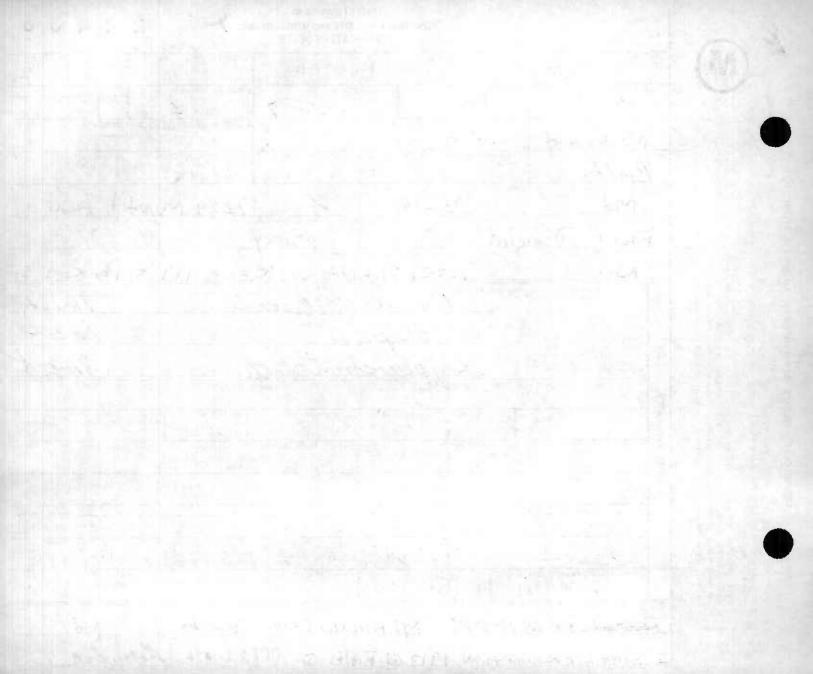
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6	1	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HY		EG. NO.	4 4	3 4
(BA)		CEASED NAME FIRST	WIODTE	Dans	ST	20 DATE OF DE	ATH MONTH	21/79	26 HOUR (: 3d A
(4)	3. SE	Roge	4 RACE	S. DATE OF		6. AGE (IN YEARS		IF UNDER I YEAR	IF UNOER 24 HRS
175		MALE	BIK.	MONTH	DAY YEAR	-17	3 yrs.	MONTHS DAYS	HOURS MIN
death of or		RTHPLACE ISTATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED WIDOWEE		Baltimore of Bala	ITY OR COUNT	C '.	MD.
01 s ofter c by the fu iled with	10 C	Baltimore	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF WORKING		BUSINESS OR
ND 212 24 hour 24 hour solid be f	730.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR	BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADD	RESS NP /50	in Ave	2/2/5
MARYLA MARYLA ed within mpletely fond 2 sho		ATHER'S NAME	MIDDLE		15 MOTHER'S MAIDEN N	1 000	Redd	Corol last	
ORE, Month of the company of the com			MED FORCES? 166 SOCIAL SE WAR OR DATES)	1	17 INFORMANT	X	ADDRESS	2020	
Sicion pers. P ol.		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b	.,,,	CATHERINE	Dorsey	SI	APPROXIN BETWEEN O	AATE INTERVAL
ertifice ertifice ng phy bonpo remov		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Respi	4 268r	y tal (ures			
PRESTON he deoth c me ottendir mation, or r troumatic		Conditions, if any, which	DUE TO, OR AS A CONS	25676	ic ca				
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DS, 201 quires the signed hen plec to burio	Z	PART 2 OTHER SIGNIFICANT (- 34	NOT RELATED TO THE TER	RMINAL DISEASE OF	CONDITION G	IVEN IN PART 1(a	
L RECORDS, on requirence low requirence been signermit. There permet to be the permet to b	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FINDIN IFYING CAUSES (
NOFVITAL RE ISSIGNAN: The lang physician. certificate has unial-transit per Aentol Hygiene prime 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCU		4-4		
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion than the trial scentificate has the buriol-transity in and Mental Hygier than Amental Hygier orked or frem 18 shape or frem 18 s	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CIT	OR TOWN	COUNTY	STATE
D o e e e e e e e e e e e e e e e e e e		22a.1 certify that ** (this haspe	4 / 0 /	0.0		9 , 10 6	OCT 21		hai (I) Jue Tost
		saw the deceased alive an above, (1) (we) (did) (did) and 22b. SIGNATURE	oct 21		that in (my) four) opinion	n deoth occurred or	the dote and ha	22c. DATE S	
0 0 40 -	1	Robert) a. lever	v M	O ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	10/	21/79
TO HOSPITAL (retained by the TO FUNERAL Brould be detained in the State E		Robert	A. Leviv	1	Sing!	Hospi	62/		,
5 5 5 4 3 8	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	CITY-OR TO	YN MANA	COUNTY	STATE
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	110-25-17	Mt. Pt	1 DURN Ce	ATE REC'D. BY REGIS	ACTO STRAR 25b. RE	TRAR'S SIGNATU	IRE
(VR A 15 (4))	11	ERADON BAILES	1348 CAL	HOUM -	ST 0	ICT 2 3 19	79 1	My Mad	heady



	DEC	REGISTRAR	FIRST		MIDDLE		'S CERTIFI	CATEO		REG. N		DAY YEAR	2b
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	SEX		4 RACE	5. DATE OF BIR			IF UNDER 1 YR.	IF UNDER 2	4 HRS. 2c. D	ATE	MONTH	DAY YEAR	30
l		ale	black	7 1	3 51	28 YRS.	MONTHS DAYS	HOURS	D	OUNCED EAD	10	5 19 7	9/1
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1	0.01	Maryla			S. A.	JRSING HOME, OR	DOWED	DIVORCE		Baltimo		ty 12b. KIND OF B	LICIN
		Baltim	ore	1001	Harle Harle	m Avenue	OTHER INSTITU	TION		WORKING LIFE)	THE OF WORK	OR INDUS	TRY
	3a. S1	ATE	(IF IN NURSING HOME O		13c. CIT	Y OR TOWN	13d. INSIDE		13e. STREET AD				
ŀ		aryland			Ba	ltimore	YES YE	NO .		orth Fu	1ton 2	Avenue	_
		Roger		M.	Dorse	y, Sr.		erst Maiden	- MANUE	A.	Mat	Daniel	
	6a. W		DEVER IN U.S. ARA			CIAL SECURITY NO				ADDRES		Daniel	
L	(10	Yes	(IF YES, GIVE	WAR OR DATES)	212	-56-6489	Ter	emezia	C. Do	rsey 70	9 N. I	Fulton	4776
1		II. CAUSE O	F DEATH (Enter onl	ly ane cause per	line for (a), (b	o), and (c).)						APPROXIMA BETWEEN ONS	E IN
1		OF E		TE CAUSE (a)	Gunsh	ot wound	of head	-	Hand	gun			
4		133	0	DUE TO,	OR AS A CO	NSEQUENCE OF							
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		lying cau		DUE TO,	OR AS A COI	NSEQUENCE OF							
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	TIFICATION	lying cau	se last. Gnificani conditions	(c) Contributing to of	ATH BUT NOT REL	ATEO TO THE TERMINAL O			1 (a).			20. AUTORS	2a
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3		PART 2 OTHER SII 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK	OPERATION CAUSE WAS GOOD CAUSE OF D COCCURRED AT WORK	CONTRIBUTING TO DE. 196 CON 216. TIME HOUR 9 7 * 30 21e. PLAC STREET.	OF INJURY MONTH	WHICH OPERATION WHICH OPERATION PAY YEAR Y (AT HOME. 21 C S home	Shot s 1. LOCATION STREET 1001	RMED? Y OCCURRED Self Harlen	(ENTER NATURE OF	R TOWN Ba	ltimo	YES KX	2a
3		PART 2 OTHER SIL	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK To that I tack charg	CONTRIBUTING TO DE. 196 CON 216. TIME HOUR 9 7 * 30 21e. PLAC STREET.	ATH BUT NOT REL	WHICH OPERATION ATEO TO THE TERMINAL OF THE PROPERTY OF THE P	Shot s It. HOW INJURY Shot s It. LOCATION STREET LUTOPSY	Y OCCURRED Self Harlem (HeadO	AVE.	Ba.	501	YES KX	a a
3		PART 2 OTHER SII 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK To that I tack charg	CONTRIBUTING TO DE. 196 CON 216. TIME HOUR 9 7 * 30 21e. PLAC STREET.	OF INJURY MONTH	WHICH OPERATION ATEO TO THE TERMINAL OF THE PROPERTY OF THE P	shot s LOCATION STREET LOCATION STREET LOCATION Homi	Y OCCURRED Self Harlem (HeadC Inspection icide //	(ENTER NATURE OF	Ba.	ltimo	YES KX	
		PART 2 OTHER SIL 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certif death resulte	OPERATION L CAUSE WAS OCCURRED NOT WHILE AT WORK To that I tack charg	CONTRIBUTING TO DE. 196 CON 216. TIME HOUR 9 7 * 30 21e. PLAC STREET.	ATH BUT NOT REL	WHICH OPERATION ATEO TO THE TERMINAL OF THE PROPERTY OF THE P	Shot S C. HOW INJURY Shot S C. LOCATION STREET LUTOPSY Homi TITLE (5)	Y OCCURRED Self Harlem (HeadO Inspection icide SPECIFY)	AVE. Undetermine	Ba. biry, o d manner,	ltimol	YES XX	
	MEDICAL	PART 2 OTHER SIL	OPERATION CAUSE WAS OPERATION CAUSE WAS OR OPERATION CAUSE OF E COCCURRED AT WORK OF that I tack charge of that I tack charge	CONTRIBUTING TO DE. 196 CON 216. TIME HOUR? 21e. PLAC STREET, 196 e of the remains	ATH BUT NOT REL NOTIFICATION FOR OF INJURY MONTH FACTORY FARM. PLATTY described ab. Accident	WHICH OPERATION ATEO TO THE TERMINAL OF THE PROPERTY OF THE P	Shot s F. LOCATION STREET STREE	Y OCCURRED Self Harlem (HeadO Inspection SPECIFY) istant	AVE. Undetermine	Ba. biry, o d manner,	ltimos and in my ap DATE SIGNE	VES XX UNITY City Dinion 10/6/7	9
3	MEDICAL	PART 2 OTHER SIL 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK 220. I certif death resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	OPERATION CAUSE WAS OPERATION CAUSE WAS OR OPERATION CAUSE OF E COCCURRED AT WORK OF that I tack charge of that I tack charge	CONTRIBUTING TO DE. 196 CON 216. TIME HOUR 7 21e. PLAC STREET. 10 e of the remains LODSes Z R. Gus	OF INJURY MONTH FACTORY FARM. Cardent Ard, ATH BUT NOT REL OF INJURY ACCIDENT AC	WHICH OPERATION WHICH OPERATION TO THE TERMINAL OF THE PROPERATION (AT HOME. 21 ETC.) Shome ave, held an A Suicide	Shot S Shot S LOCATION SIREST LOCATIO	Y OCCURRED Self Harlem (HeadO Inspection icide SPECIFY) istant 111 Po	AVE. Undetermine	Ba. Ba. Ba. Ba. Ba. Ba. Ba. Ba.	ltimos and in my ap DATE SIGNE	VES XX UNITY City Sinion D 10/6/7 Ore,MD 2	9

COLD COLEDATES Δ The transfer of the second of - (15 Hartfren Me Proces

*	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 7 9	2 4 4 3 6
(M)		CEASED NAME CHAPLE	MIDDLE	DOUG-LAS	20 DATE OF DEATH M	-30 -79 535AM
age 4 ma rector.	3 SE	M	1 RACE B	5. DATE OF BIRTH MONTH DAY G - 2 - 27	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
death. Po	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	U, S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALT	CITY MD.
201 by the fune filed within		BA/+0.	(IF NOT IN SUCH FACILITY GIVE 61)	ROY	126 USUAL OCCUPATION (TXPE OF WORK FOR MOST OF V	
AND 21	130. :	AL RESIDENCE (IF NURSING HOME OF		YES NO	1229 M	wrtel AUG
	1	TREL DOL	MIDDLY LAST	15 MOTHER'S MAIDEN N	MIDDLE	, LAST
MORE or exect n and c	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE EWAR OR DATES) 102-2(0-0902 NANCY (SANC 117	S. PARKINZ ST.
NST., BALT certificate b ming physicia honpapers. r remaval. ic event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for 10 UP. ED BY: TE CAUSE (a)	nal dalu	•	BETWEEN ONSET AND DEATH WELL
W. PRESTON of the death ce the attending se remove carb cremotion, or re- cremotion, or and the attending		0389 Conditions, if ony, which	DUE TO, OR AS A CONSEC	DIENCE OF		I week.
O1 W. PRESTON i that the death ce d by the attendin lease remove carb inal, cremotion, or i		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A ONSEC	CUENCE OF COSMIL	te	Bweeks
DRDS, 20 requires t en signed t. Then ple or to burro y injury, or	TION			O DEATH BUT NOT RELATED TO THE TER		
VITAL RECO	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
A A A A A A A A A A A A A A A A A A A	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	JRRED (ENTER NATURE OF INJURY I	IN (TEM 18, PART) OR PART 2)
DIVISION C DING PHYSIC or attending After this cer e as the burio oith and Ment marked or ter	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
TEN ortal TOR: or us of He		sow the deceased alive on obove, (I) (we) did (did no	ottended the deceased from 19 10 - 3 0 19 15 15 view the body ofter death.	ond that in (my) (our) apinio	on death occurred on the date	that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
0 0 0 0 0		22b. SIGNATURE	Tu a. J	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
TO HOSPITAL TO FUNERAL should be det with the State		220. PHYSICIAN'S NAME (TYPEO	A A. SNE	LLO 220 ADDRESS	HETZEM 1	4.2P.
1703 BP	1	SURIAL, CREMATION, REMOVAL SPECIFY	23b. DATE 27 1/-3-79	AT Aubum CRIP	RAND.	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		JNERAL DIRECTOR	ADDRESS ADDRESS	11 Ralk 50 1	ATE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE



Wm. C. March F/H 1101 East North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

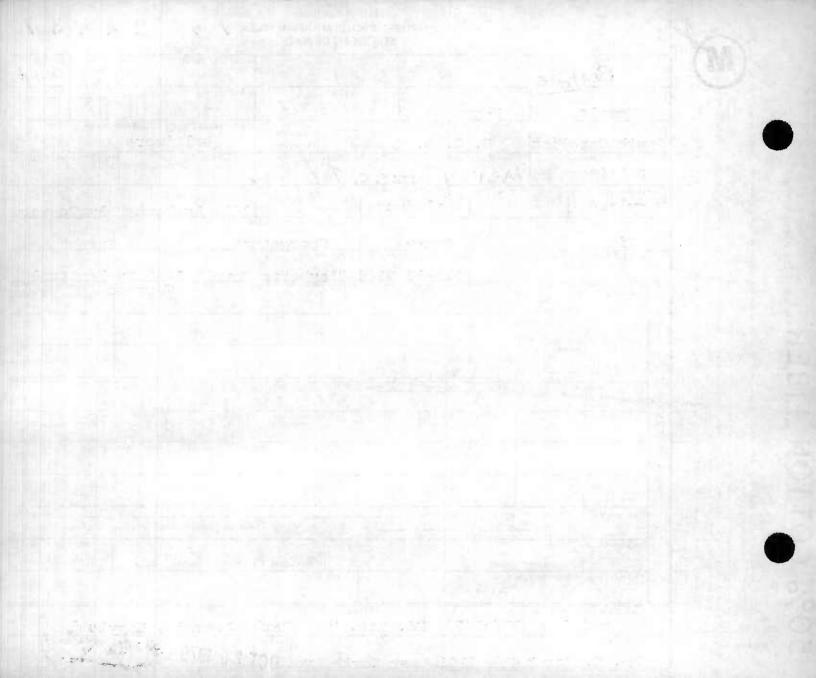
CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

REGISTRAR



F 1	500			E OF MARYLAND		
- 1	FOR STATE			HEALTH AND MENTAL HYGIENI	1 7 6	4 4 3 9
3	REGISTRA DECEASED N		MEDICAL EXAMIN	ER'S CERTIFICATE OF DEA	REG. NO.	
	(TYPE OR PRINT)	AME	min 1/2//	Drake	OF ESTI-	
1	SEX	Benja	ATE OF BIRTH 6. AGE (IN YE)		DEATH MATED 1	- 17 M
	male	white Se	DAY YEAR LAST BIRTHD	Y) MONTHS DAYS HOURS MIN. F	PRONOUNCED DEAD 10	5 19 79 6:00 p.m
7	SHIPHPLACE SHIGH COUN	TRI)	ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Baltimore City or Cou	
10		WN OF DEATH	NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION 120. USU.	AL OCCUPATION (TYPE OF WORL	12b. KIND OF BUSINESS
3	Baltin		IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Johns Hopkins Hos		OST OF WORKING LIFE)	OR INDUSTRY
5 13	a. STATE	13b. COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING	13d. INSIDE CITY LIMITS? 13e. STRE	ETADDRIA ALISON	v Place
14	FATHER'S N	AME NY MID	Drake	15. MOTHER'S MAIDEN NAME	MAPLE	EBLE
2.16	g. WAS DECE (YES, NOTOR U	ASED EVER IN U.S. ARMED F KNOWN) (IF YES, GIVE WAR O	ORCES? 16b. SOCIAL SECURITY	HALLY W. /-	1. Drake	#13
F	18 CAUS	DEATH WAS CAUSED BY:	couse per line far (a), (b), and (c).) Cranio-cerebr	al injury		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	12	IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE (
		litions, if ony, which				
	cous	rise to immediate (a) stating the <u>under-</u>	(b) DUE TO, OR AS A CONSEQUENCE (OF .		
	lying	couse last.	(c)			
		ER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
7 3	19a. DATE 21a. EXTE UNDERLY CONTRIE 21d. INJU WHILE	OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?	and the second	20 AUTOPSY?
1	2					YESXIX NO
7	21a. EXTE	RNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED LENTER NA	ATURE OF INJURY IN ITEM 18 PART 1 OR	
5]	UNDERLY	ING KANSE OF DEATH	6:35 MONTH DAY YEAR 10/4 19 79	passenger in mult	iple auto col	Lision
1	21d. 1NJU	RY OCCURRED	21e PLACE OF INJURY (AT HOME,	21f LOCATION		
1	AT WOR	NOT WHILE XX	roadway	Rt#2&South River R	d,	AA Co., MD
12.	22a. I		ne remains described above, held on	Autopsy X, Inspection ,	Inquiry , ond in my	
	ACTUAL	IRE JA	Duaw	TITLE (SPECIFY) Assistant MEDIC	DATI CAL EXAMINER SIGN	E 10/6/79
13 472	EXAMINE (TYPE OR	R'S NAME Hormez	R. Guard, M.D.	ADDRESS 111 Penn	Street, Balto	o.,MD 21201
23	SESTI	MATION/REMOVAL 236. DA	112/79 St. LAWE	SACE AUYEN CEM 23d LOC	ESSUD A	P. M.
24	NAME NAME	IRECTOR //	ADDESS N	250. DATE REC'D. BY	REGISTRAR 256 REGISTRAR'S	SIGNATURE
	JOHN	111 /AY/01	MOONS HANADA	olis, I'al UCTI	5 1979	A Second

MIDDLE

THAT PUR WAR IN AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2b. HOUR

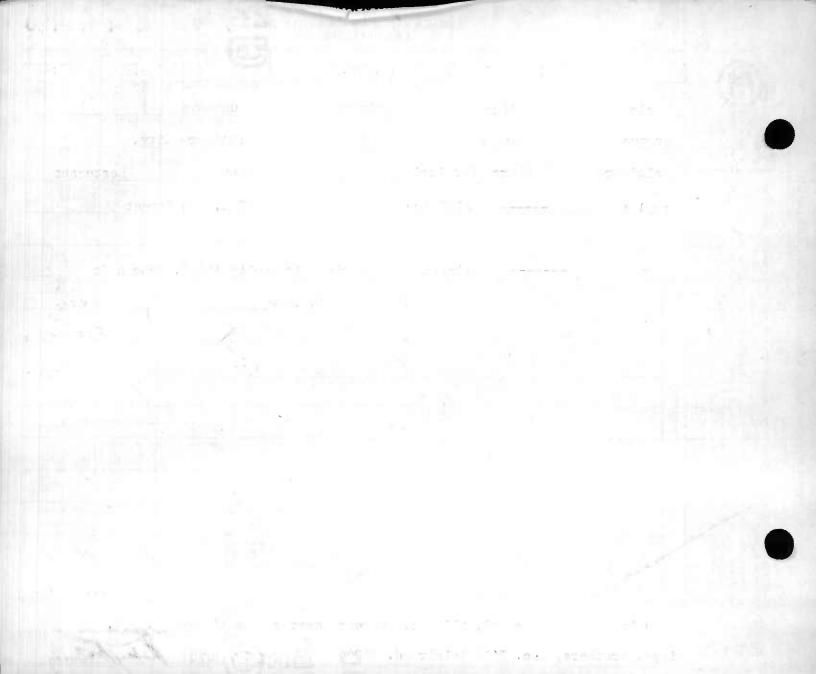
20. DATE OF DEATH

FOR

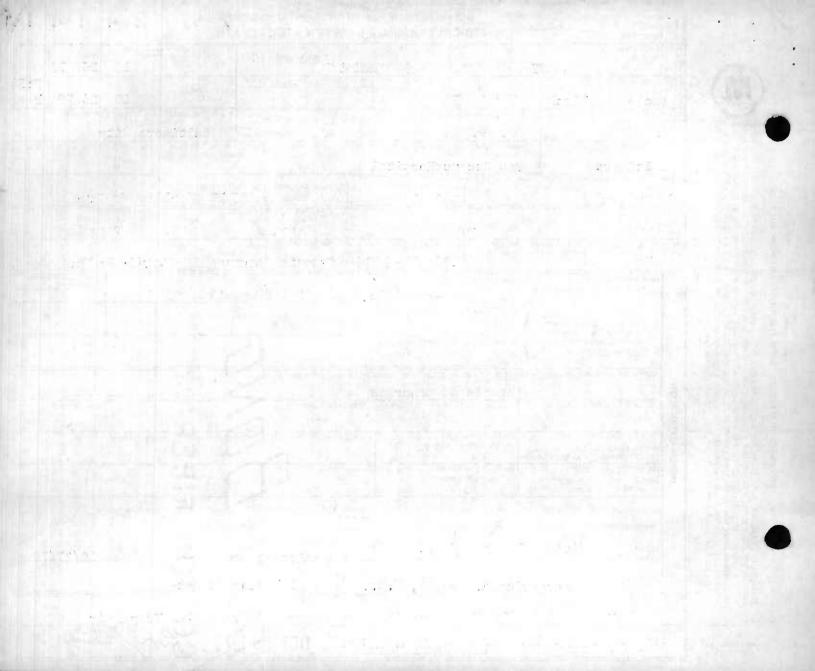
REGISTRAR

I. DECEASED NAME

- STATE



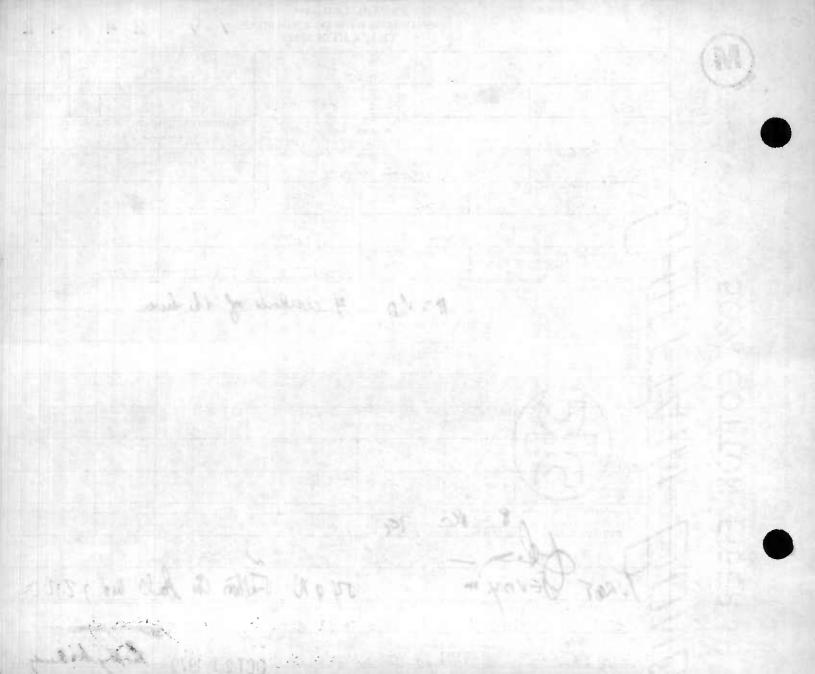
	FOR STATE REGISTRAR			EPARTMENT OF I	HEALTH A			9	2	444	1
	ECEASED NAA	AE FIRST		MIDDLE	RUMON	Drumme	nd 20.	DATE KNO OF EST DEATH MAT	-	DAY YEAR 0 269 79	26 HOU
3. SI	male	4. RACE black	5. DATE OF BIRTH	YEAR 6 AGE (IN YEAR LAST 8 IRTHDA	AY) MONTHS	DAYS HOURS	R 24 HRS. 2c. MIN PRO	DATE NOUNCED DEAD	MONT	0 26 ₁₉ 79	25H05
2 1	BIRTHPLACE (FOREIGN COUNTRY) Virgin		76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MAR	RIED 🔲		imore (NTY OF DEATH	
	Baltima		11. NAME OF HOSP (IF NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) OUT HOSPITA		INSTITUTION			N (TYPE OF WOR	4	
13a	JAL RESIDENCE STATE Maryla	13b. COUR	OR OTHER INSTITUTION, GIVE		ON)	d. INSIDE CITY LIMITS? YES NO	130 STREET	address 3 She	ellban	k Road	- 12
(rather's NAM Clyde	E ED EVER IN U.S. AR		immond		Carr:	DEN NAME	MIDDLE		Topping	
100.	YES, NO, OR UNKN	OWN) (IF YES, GIVI	E WAR OR DATES)	231-42-8	1000		Perry			Fulton	Ave
NO	gove r couse (c lying co		DUE TO, OR A (c) CONTRIBUTING TO DEATH BU	S A CONSEQUENCE OF THE TERMS OF PARCES	INAL DISEASE DI	R CONDITION GIVEN IN I	PART 1 (q).				
CERTIFICATION	19a. DATE O	FOPERATION		ON FOR WHICH OPER		PERFORMED?				20. AUTOPSY	NO []
MEDICAL CER		ING CAUSE OF	DEATH P.M.	MONTH DAY YEAR		/ INJURY OCCURE	RED (ENTER NATU	re of injury in	ITEM 18 PART 1 OR		
MED	21d. INJURY WHILE AT WORK	110=110	21e PLACE OF STREET, FACTO	INJURY (AT HOME, RY, FARM, ETC.)	211. LOCA STRE		сп	Y OR TOWN		COUNTY	STATE
			ge of the remains descr		Autopsy	Hamicide		nquiry,	ond in my	opinion	
	ACTUAL SIGNATURE	May	rite One	Anell,	M.D.	TITLE (SPECIFY) Assista	nt MEDICAL	EXAMINER	DA1 SIG	E 10/27	/79
	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	May	garita A.	Korell, Mr.		Assista	Penn S	Street	DA1 SIG	NED 10/27	/79



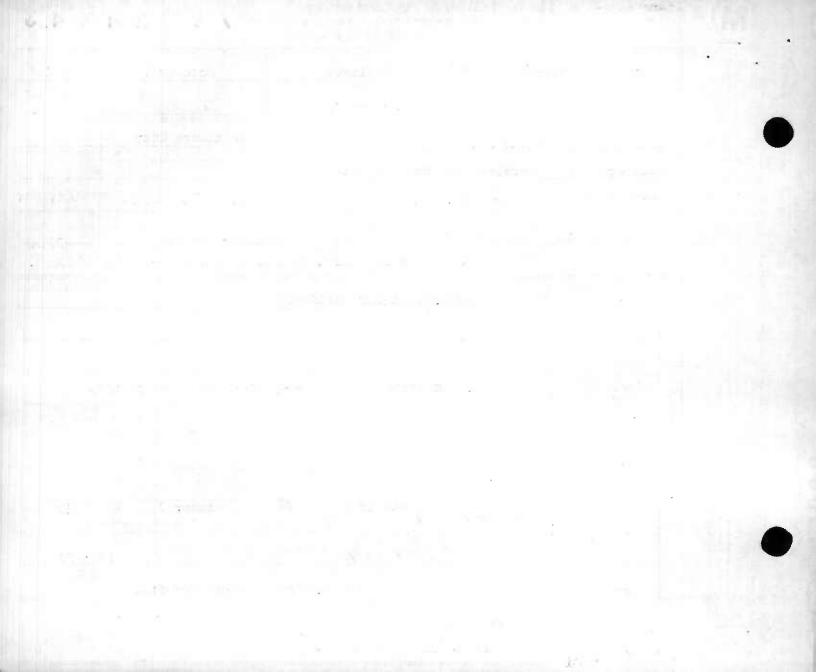
					SIAIL	OF MAKTLA	שא				
	1 -	FOR STATE REGISTRAR		DEPART		ALTH AND N	NENTAL HYGI EATH		2 . NO.	4 9	4 2
IVI)		CEASED NAME FIRS	T	MIDDLE	LA	ST .		20 DATE OF DEATH	MONTH		2b HOUR
		Nom	nan	R.	Duba	ar			10	18 79	M
	3 SEX		4 RACE		5 DATE O			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
rs off		Male	Bl	ack	момтн 5	25	31	48	YRS	MONTHS DAYS	HOURS MIN
Po de		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	☐ NEVER M	A PRIED	9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
5/1	1	N.C.	USA		WIDOWEL		ORCED	Balt	imore C	City	MD.
ed	10. CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI		OTHER INST	ITUTION	120 USUAL OCCUP			F BUSINESS OR
Politied	1	Balto.		2 N. Ful		enue	- 19	(TIPE OF WORK FOR MO	TOF WORKING LI	IFE) INDUSTRY	
90	USUZ	AL RESIDENCE (IF NURSING HO		L GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CI	TV I IVITCO I	12 CIRCL ADDRE			-
500	130	Md.	COUNTY	Balto.	~~	YES X	NO T	932 N.	Fulton	Ave.	
is i	14. F./	ATHER'S NAME					MAIDEN NAM	Æ	**		
SAI!	9	Silas	WIDDLE	Dubar			Mollie	WIDDI	_	Jones	Ĭ
0	Ióa V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAL		AD	DRESS	OTICS	
medico			S, GIVE WAR OR DATES)	as confiden	33.44	7~~ 7	1100	2216 To		7	
0		18 CAUSE OF DEATH LEnt		1 (1.0	Ann A	Lien	2316 La	urecta		MATE INTERVAL
ent, th		PART I. DEATH WAS CA	AUSED BY:	14 0	1.	61	. D 1.		1	BETWEENC	MASET AIND DEATH
eve		IMME	EDIATE CAUSE (0)	PC V	1	3 Cr	runsa	M. M.	liver		
notio		4027	DUE TO, C	R AS A CONSEOL	JENCE OF			U			
0		Canditians, if ony, which									
er t		gave rise to immediate couse (0), stating th	DUE TO, C	R AS A CONSEQU	JENCE OF						
rothe		underlying couse los	it (c)								
ry, or	1.	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	OT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV	VEN IN PART 10	1)
<u>n</u>	CATION									0.100	
8 shows on		190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATION	WAS PERFOR	RMED	20a AUTOPSY?		S, WERE FINDIN	
MOI /	CERTIFI	314436						YES NO		ES 🗌	NO 🗆
6 6	Ü	210. ACCIDENT WAS UNDERLYIN	110.10		DAY YEAR	21c. HOW INJ	JURY OCCURRI	D (ENTER NATURE OF I	JURY IN ITEM 18, F	PART 1 OR PART 2]	P . T. J
1	MEDICAL	OR CONTRIBUTING CAUSE (OF DEATH	M.	19						
	i i	216 INJURY OCCURRED	21e. PLACE	OF INJURY	5 · 0 · · · · · · · · ·	21f. LOCATIO	N .	CITY OR	TOWN	COUNTY	STATE
	8	AT WORK AT WORK] (Al home, si	REET, PACIONT, OFFICE,	, FARM, ETC.)	J.M.E.		CITTOR		000111	STATE
		220.1 certify that (I) (this	haspital) a nded t	ne deceased from.			. 19	, to		19	that (I) (we) last
		sow the deceased alivabove, (1) (we) (did) (10 19	7 -	d that in (my) ((aur) apinion d	eoth accurred on the	dote and has	ur and from the	couses stated
em 21	130	22b. SIGNATURE	d nat flew the body	offer deofn.	D	EGREE			175	22c. DATE	SIGNED
If Hem		1	-Ola-			A	TTENDING	MEDICAL S	TAFF	O. Live	
Ä-	-	22L PHYSICIAN'S NAME T	TOT OF FRENTS			22e ADDRESS	, , , , , , , , , , , , , , , , , , , ,	DIRECTOR PHY	SICIAN		
¥ /		11005	1 - 1	n		17/ 1	11. [Alm On	A 00:	Mid as	717.78
IMPORTA	-	10001 8	-			V44	V. 17	CONT. CAA	Naco	me) 6	100
10	23a. P	BURIAL, CREMATION, REMO	1 /			METERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	10/22/	/79	Cole	Family		Riverw		SALES PROPERTY.	ZWZ
6		UNERAL DIRECTOR		ADDRESS			250. DATE	REC'D. BY REGISTR	AHLESENEGES	TRARS SIGNATI	JRE
	V	m C March F/	H	1101 E.	North .	Ave.		OT 0 0 107	0 1	Alle Are	Bready

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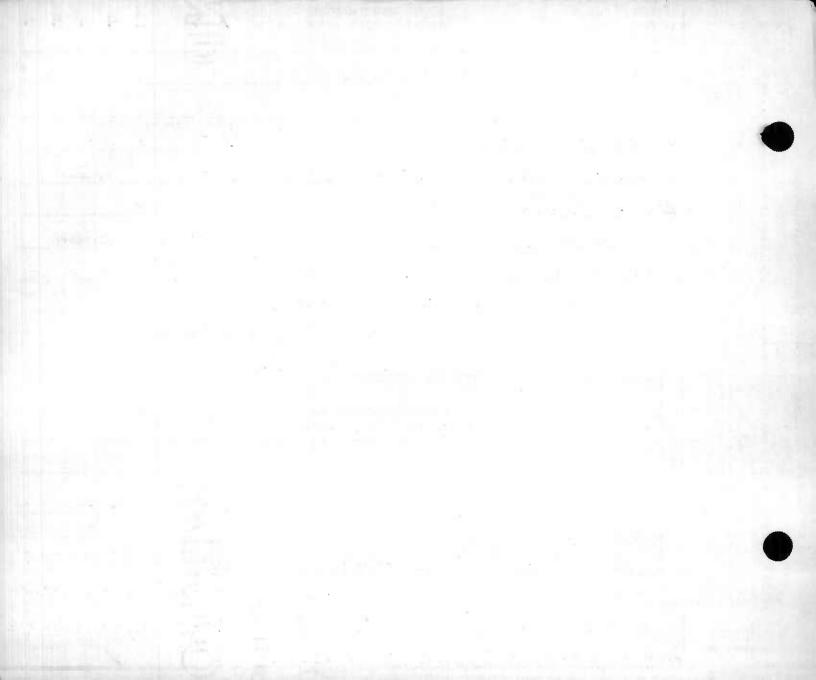


DIVISION OF VITAL RECORDS,

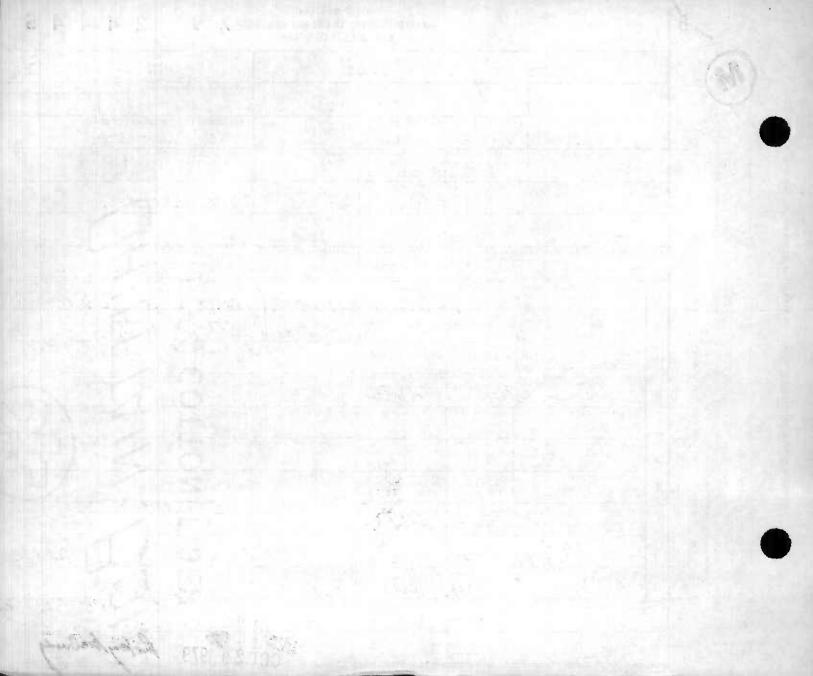


	1	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.			
e 75		CEASED NAME FIRST	08	EDWIN	7	AST A A A A	20 DATE OF DEATH MON	TH OAY	YEAR	26 HOUR A
(A)	3. SE	VIC. JAIII	1 RACE	EUNIN	5. DATE C		& AGE IN YEARS LAST BIRTHDA		NDER I YEAR	0550 M
		M	Ca	4	08	20 04	75	YRS MONT		HOURS MIN
72 ho	C	RTHPLACE (STATE OR FOREIGN CUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF	DEATH A	/
he fred		TY OR TOWN OF DEATH		F HOSPITAL, NURSINGUCH FACILITY, GIVE STREET	IG HOME C	R OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	1	12b. KIND OF	BUSINESS OR
be filed	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 13b, COU	VANIIN	SATY OF A	APPR	Hamp Hop.	Dentist		MES	-EMIE
Fille ould	13a.	POEL. SUS	VEX.	JEG FOR	D	136. INSIDE CITY LIMITS?	13. STREET ADDRESS	DAD		
mpletely ond 2 sh	14. F/	THER'S NAME	MIDDLE	C LAST		15 MOTHER'S MAIDEN NA	MIDDLE		AST	
0 -		AS DECEASED EVER IN U.S. AR		2 166 SOCIAL SECU	RITY NO.	17 INFORMANT G	WENDOLADDRESS	, DUL	W	NNY
S. Po	11.	(ES, NO OR UNKNOWN) IF YES, GN	E WAR OR DATES)	22.2 20	255	MEALEN	y Reec	KD	SEAR	DEL DEL
physici poper novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:		29101	EN ARRES	27	-	BETWEEN O	MATE INTERVAL
or rer		1509 IMMEDIA	TE CAUSE (a)_ DUE TO.	OR AS A CONSEQUI	NCE OF	1	1.5	/		
move o		Conditions, if any, which gove rise to immediate	(b)	2009/14	MIN	SI TE CORU	Nome of Es	propu	2	
ose re ol, cren r other		couse (a), stating the underlying couse lost	DUE TO,	OR AS A CONSEQUE	TE9/	Obstruct 12	W			
Then ple Then ple to burn injury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN I	N PART 10	1
Prio Prio	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH		4.4	20a AUTOPSY? 20	b. IF YES, WE	ERE FINDIN	GS USED
ronsit pe Hygiene 18 shows	ERTIFI	5 OLT 19	700	OF INJURY	250	124 HOW IN LIERY OCCUPE	YES NO	YES []	NO 🗆
certifica rriol-trar ental Hy Item 18		OR CONTRIBUTING CAUSE OF DE.	ATH HOUR	A.M. MONTH D	YEAR	The Flow Hoseki Occord	CED TENTER MATORE OF MIJORY IN	HEM 10, PART F	ORPARI 2	
this or nd Me nd Me	MEDICAL	216 INJURY OCCURRED	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	(COUNTY	STATE
se as t salth a morke		22a.1 certify that (I) (this hasp	ital) attended.	the elecensed from _	27	SM. 19.79	10 28 de	19_	79	that (I) (we) lost
RECTOR hed for u ept of He tem 21 is		sow the deceased olive on	000	19		d that in (my) (our) opinion	death accurred on the date of	and hour one	,	
- 000 E		17h SIGNATURE	100	Der	- 10	ATTENDING PHYSICIAN	MEDICAL STAFF	uken	7 FO	ATA G
FUNERAL uld be detail the State ORTANT:		PHYSICIAN'S NAME (TYPE	OR PRINTI	/	1	270 ADDRESS	DIRECTOR PHYSICIAN		1	110
should with the		A.P.W.	ILLE	V, M.L)	UNSIVERS		7/24/	and) HOL
>	230. (BURIAL CREMATION, REMOVAL	23b. DATE	31197900	ON PE	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN SIEA EXILA	SUSS		STATE ALLAND
DHMH-16 20M	24 FI	INERAL DIRECTOR		ADDRESS	^-	16673 250. DAT	OCT BY CHENTS	REGISTRAR	-	& Creedy
VRA 15, 4) 7/78	11/2	MATERIA M /1/AT	ZIM "	CHALLAN	W 14-2	17714				

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



15	1 - STA					PARTMENT O	IFICATE OF	MENTAL HY		9 REG. NO.		4 4	4 5
(Na)	1. DECEAS (TYPE OR PRI	NTI	AROLD	M	E.	DUN	IOCK		20. DATE OF		10 25	79	3:15 a
	3. SEX	1	4	RACE B		5. DAT MC 2	OF BIRTH	31	6 AGE (INYE	48		UNDER I YEAR	HOURS MIN
erol direction of tance.	70 BIRTHP	LACE STATE OR FOR	REIGN 75	CITIZEN OF V		MAR		R MARRIED			county o		MD.
rs ofter dec	1000	alto.	TH 11		FACILITY, GIVE	TURSING HOME STREET ADDRESS)	OR OTHER IN	STITUTION	12a USUAL ((TYPE OF WORK	OCCUPATIO (FOR MOST OF)	WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
ND 212, ND 213, ND 213	USUAL RE 130. STATE	Md.	NG HOME OR OT	THER INSTITUTION. Y	13c. CITY O	E BEFORE ADMISSION TOWN	13d INSIDE	CITY LIMITS?	13e. STREET 3055	ADDRESS Brigh	hton S	t.	
MARYLA ed within mpletely and 2 sh	14 FATHER	'S NAME FIRST Lthur	MIC	Duni	nock (A	ST		r's MAIDEN N. FIRST evenia	AME	WIDDLE		LAS	51
BALTIMORE, cote be execut by skicion and coppers. Pages 1 val. val. vt. the medical		DECEASED EVER II	N U.S. ARME (IF YES, GIVE W			L SECURITY NO 24-5684		nita Du	nnock	3055	s Brigh		IMATE INTERVAL ONSET AND DEATH
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici Then please remove carban paper to buriol, cremation, or removal. injury, or other traumatic event, th	go cat und	diditions, if ony, we rise to immuse (0), stoling learlying couse	ediate the lost	DUE TO, OR (c)	AS A CON	ISEQUENCE OF		R AND DEA ED TO THE TER	D atte	LAD D L	ITION GIVEN	16	Muniter 4607
rat records. The law require too. The law require hos been signer prior to be green prior to be shown any injure.	CERTIFICATION 19a	DATE OF OPERAT	ION	19b. CONDI	TION FOR V	WHICH OPERA	ION WAS PER	FORMED	20a. AUTO	NO 🗌	20b. IF YES, V IN CERTIFYII YES	VERE FINDII NG CAUSES	NGS USED S OF DEATH? NO [
DIVISION OF VITAL DING PHYSICIAN: The or offending physicion After this certificate h e as the burial-transit p oith and Mental Hygier marked or item 18 shaw	OR O	ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBU	AUSE OF DEATH LEXAMINER) ED	P.A	M. MONT M. DF INJURY	H DAY YE. 1 OFFICE, FARM, ETC.	R	INJURY OCCU TION ET	RRED (ENTER NA	CITY OF TOWN		COUNTY	STATE
HOSPITAL OR ATTENDI sined by the hospitol or FUNERAL DIRECTOR: A build be detoched for use the Stote Dept. of Heal the Stote Dept. of Heal	22b.	certify that (1) (1) (1) saw therefore cosposes (1) we ight SIGNATURE	d olive	view the body	2	19/4/	ond that in (m DEGREE		MEDICAL DIRECTOR	STAFF		and from the	
1607 BP	23a. BURIA (SPECIF	L, CREMATION, F	REMOVAL	23b. DATE 10/31	/79		uburn (r crematory	CITY O	atio br tow timore	Md.	RE	STATE OF
DHMH - 16 50M 1/76 (VR A 15 (4))	N/	ALDIRECTOR ME C March 1	F/H		ADDI	North	Ave.	25a. D.A	ATE REC'D, BY R	979	Sb. RP ISTRA	R'S SI (NA	RE

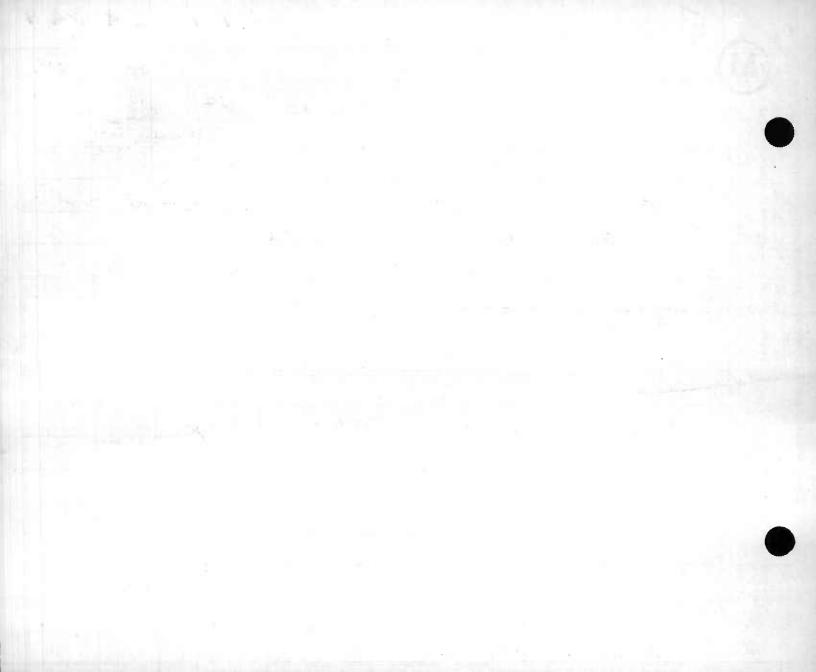


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Jauta Josephon 28, 3194 T:355 Lating of John John Houseltal



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Charles heeler

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187-1 -524 A Gloria I in SAIS Ille of Ed. 1811

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Isw Funeral Feme / 11 Far Feither Ave,

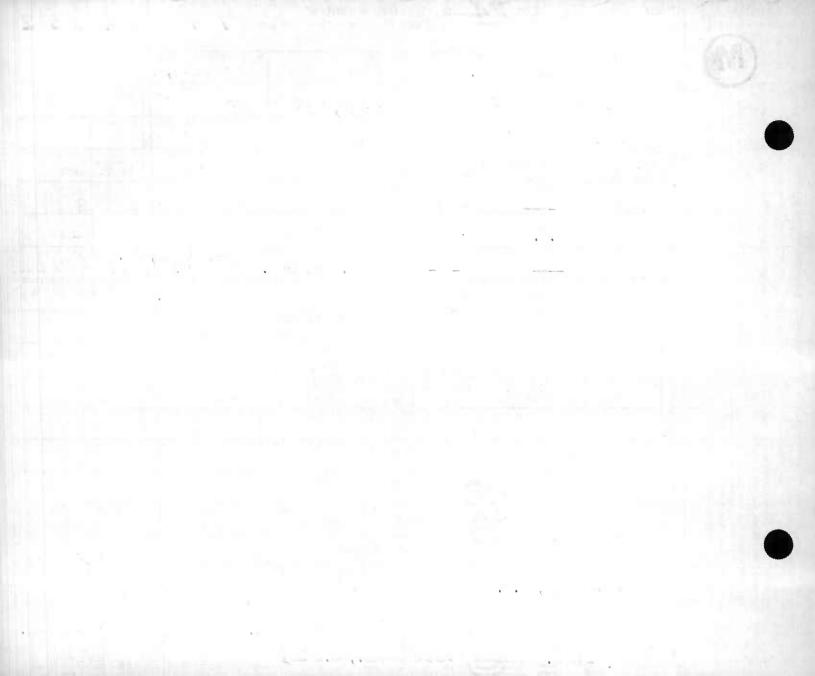
will esten was the Beers age of K exemplica ----- basinas in a fact a fact of the control of t horsenal around In a farmenal leafure a user in year Otropal gorbons, inc. 2016 Pelate W. 7:206 - Office 2 19:30 - Mark

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 18b G537

FOR

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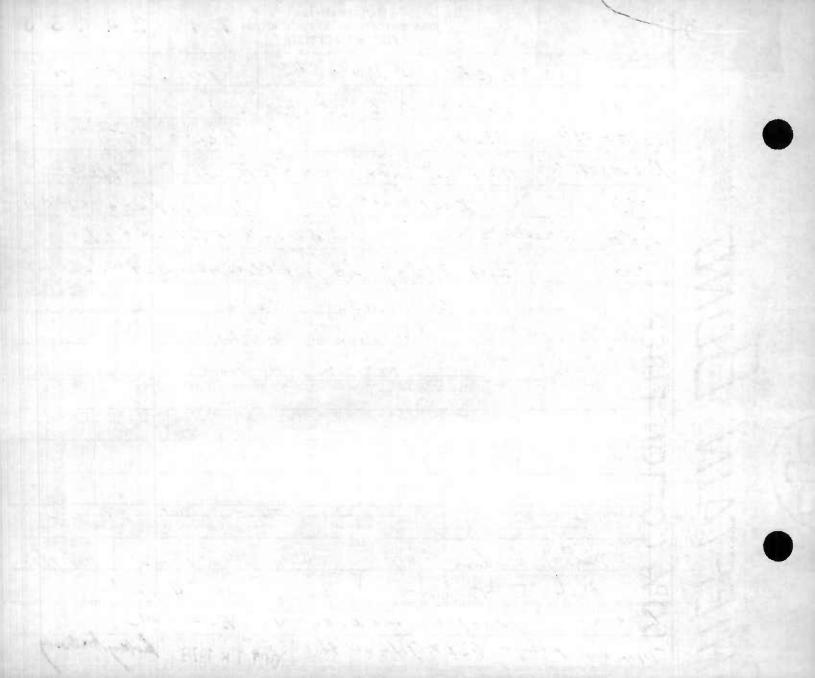
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	7	9	
CERTIFICATE OF DEATH		REG. NO.	
1457	1 TE 05	DEATHO.	W

1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI	IENE 7 9 REG. NO.	2 4 4 5 3
(TYPE	CEASED NAME FIRST GEO		WARDS	101	ONTH DAY YEAR 26. HOUR PM
3. SE	M	Nogra S DATE O	DAY 1920	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
10. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	The CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
10 5	ALTIMOS DEATH	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12d USUAL OCCUPATION	
	AL RESIDENCE (IF NURSING HOME OR OF TATE)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONY TY 13 CITY OR TOWN	YES NO	130 STREET ADDRESS	Karaysto M
14 F/	THER'S NAME FIRST FIRST FIST FIST	IDAEA R. & S LAST	15. MOTHER'S MAIDEN NAM		2HGLLAST
	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	AED FORCES? 16b SOCIAL SECURITY NO. WAR OR DATES)	LOUISE MY	ADDRESS P, TO NEGE 1	124 Whatayou
NO	Conditions, if any, which gave rise to immediate couse iol, stoting the underlying couse lost		estatie to	brain haldisease or condit	TION GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJURY II) CITY OR TOWN	IN ITEM 18, PART 1 OR PART 2) COUNTY STATE
	22a Lectrify that (I) (this hospite sow the deceased alive on above, (I) (we) did (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR MACH)	View the body offer death. 19 79 o	DEGREE ATTENDING PHYSICIAN 22e ADDRESS Univ. of	MEDICAL STAFF DIRECTOR PHYSICIA MJ. Hay	e and hour and from the couses stated 22c. DATE SIGNED 10/19
230.	STEEL REMATION, REMOVAL	23b. DATE 123c NAME OF C	CEMETERY OR CREMATORY LUGULUM	23d LOCATION SORTOWN	M DOUNTY STATE

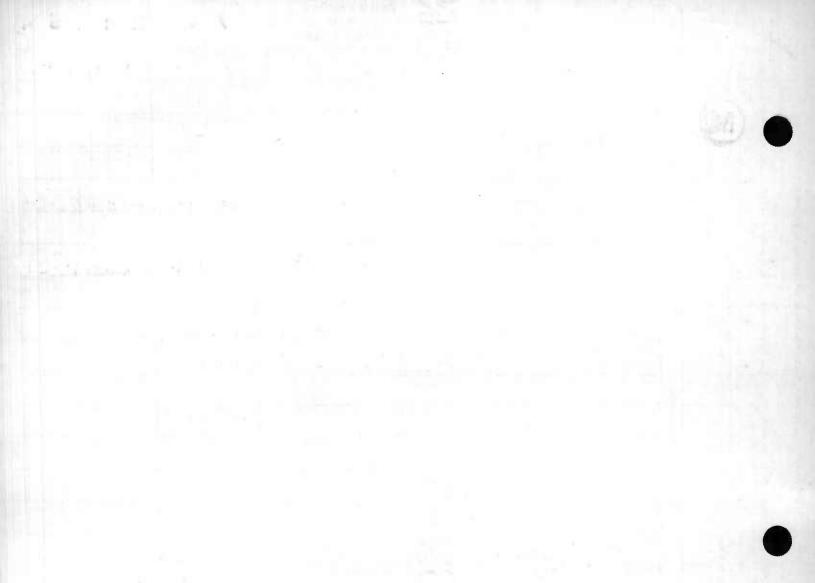
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR 1 Shope 63 fathe GI/m vie 14

250 DATE REC'D. BY REGISTRAR 256.



2	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH) 2	2 4 6	1 5 4
0 4 4 9	1. DEC	CEASED NAME FIRST	14.	Edw.		NST	2R DATE OF DEAT		DAY YEAR F 79	26. HOUR
	3. SE)	Malo	1 RACE BLE	ele	5 DATE C	F BIRTH	6 AGE IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
34		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	MC
by the	10 CI	of town of DEATH		CH FACILITY, GIVE STREET		ROTHER INSTITUTION	12R USUAL OCCUP (TYPE OF WORK FOR MC	ST OF WORKING LIF		F BUSINESS OR
filled in sould be a	13a. S	AL RESIDENCE (IF MURSING HOME C TATE 136 COU		134 CITY OR TOW	E ADMISSION! IN	134. INSIDE CITY LIMITS?	13r. STREET ADDRE	s T	AUUA	k St
ond 2 sh	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST	MIDDE	E	LAS	ī
physician and ca onpapers. Pages 1 emoval event, the medical	0	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) 1# YES, GI	RMED FORCES? /E WAR OR DATES)	146 SOCIAL SECU	IRITY NO.	Hildred Cam	obell 5	DRESS S	TEICKE	PST
n signed by the ottendin Then please remove carb to burial, cremotian, or injury, or other traumotic	NOI	Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSEOU OR AS A CONSEOU ONTRIBUTING TO	ENCE OF	of thrustes of	Ceuleur Ceuleur MINAL DISEASE OR C	mia	EN IN PART 10	اد
te hos been sit permit giene prior shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? PENEIN YES NO	5 IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
S certificate buriol-transis Mental Hygins I & short of them I & short of the		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DEINJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF	NJURY IN ITEM 18, P	ART 1 OR PART 2)	
e os the burner of the or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATIÓN STREET	CITY OF	TOWN	COUNTY	STATE
Stote Dept of He	(220.1 certify that (I) (this hosp saw the deceosed alive a above (H-mes) did) (did n 1200 SIGNATURE) 220 PMYSICIAN'S NAME (TYPE)	n (0 - ot) view the bod		79 . or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122R ADDRESS 22 S. Green	MEDICAL DIRECTOR PH	TAFF	22c. DATE	SIGNED 7-79
TO FUNERAL should be det with the Stote IMPORTANT:	230. E	URIAL CREMATION, REMOVA	236. DATE		NAME OF C	EMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	ALTO,	country d.	STATE
DHMH-16 20M VRA 15, 4) 7/78	V	INERAL DIRECTOR	1515	ADDRESS	1100	CA. AVE.	TE REC'D. BY REGISTR		RAR'S SIGNAT	URE



			STATE OF MARYLAI	ND			1
1-	FOR STATE		MENT OF HEALTH AND M EXAMINER'S CERTIFIE		9 2	4 4 5	5
1. DE	REGISTRAR CEASED NAME	RST MIDDLE	LAST		REG. NO.	MONTH DAY YEAR	2b HOUR
	PE OR PRINT)	rv	Edward		OF ESTI-	10 11, 79	
1.55		5. DATE OF BIRTH	6. AGE (IN YEARS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c.	DATE ^	MONTH DAY YEAR	HOUR
- f	emale neg	ro 5 19 28	LAST BIRTHDAY) MONTHS DAYS	HOURS MIN PROP	NOUNCED DEAD	10 11,979	a
m K	SEPHPLACE CHAMOS	76 CITIZEN OF WHAT COU	170.00	EVER MARRIED X 9. 84	LTIMORE CITY OR	COUNTY OF DEATH	
192	fanower H	1d USA	WIDOWED -	DIVORCED B	altimore (City	MD
VE HE.C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NI	URSING HOME, OR OTHER INSTITU STREET ADDRESS)		OCCUPATION (TYPE OF WORKING LIFE)	FWORK 12b. KIND OF BU OR INDUST	JSINESS RY
4	Baltimore	(IF NOT IN SUICH FACILITY, GIVE 419 Scott					- 1
1	AT THE STATE OF TH	OMNTY 13c. CIT	Y OR TOWN 134 INSIDE	CITY LIMITS? 130 STREET A	DDRESS 7	ally ma	00
2	ATHER 2 NAME	4. H. CO	YES X	HER'S MAIDEN NAME	7 Delle	- Shove	Na
2/1	Los her	- MIDDLE	LAST	SIRST	MIDDLE	26.00	
160	WAS DECEASED EVER IN U		OCIAL SECURITY NO. 17 INFOR	MANT	ADDRESS	allowed 21	6.2.5
21'	YES OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	Est	her Mars	hell - 3	10 Key a	ve
	18. CAUSE OF DEATH (Er	iter only one cause per line for (a), (b), and (c).)			ABROXIMAT BETWEN ONSE	TE INTERVAL
	PART I DEATH WAS C	AUSED BY: Chron	ic alcoholism				Titur
	303-	DUE TO, OR AS A CO	INSEQUENCE OF				
	Canditians, if any, gave rise to imm	ediate (b)					
1	lying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF				
	PART 2 DEBER SIGNIFICANT CON	(c)	LATEO TO THE TERMINAL DISEASE OR CONDITION	ON CIVER IN DADY !			
Z	TAKE STILL STOREGAM COM	CONTRIBUTION TO SERVIN SOFT HOLI RE	CHILD TO THE TERMINAL DISEASE OR CONDING	UN DIVER IN PART (D).			
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	R WHICH OPERATION WAS PERFOR	RMED?		20. AUTOPSY	?
식별	BACK BAN					YES 🗆	NO X
	210 EXTERNAL CAUSE W	AS 215. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 21c. HOW INJUR	Y OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	CONTRIBUTING CAUS		19				
MED	21d. INJURY OCCURRED WHILE NOT WHI	21e PLACE OF INJUR STREET, FACTORY, FARM		СП	OR TOWN	COUNTY	STATE
	AT WORK AT WORK			€₹F			
	220 I certify that I to	charge of the remains described of				in my apinian	
	death resulted from:	Natural couses XX , Acciden	Suicide Hami		ed manner,		
	ACTUAL	(Armuel	Deput	specify) aty Chiefedical	EVALABLES.	DATE 10-11-	-79
1	SIGNATURE	Thomas D. Cmith		111 Penn		SIGNED	
1	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Smith,	M.D. ADDRESS	Tallit Leilli	50.		
23a.	CREMATION, REMO	VAL 23b. DATE 23c	NAME OF CEMETERY OF CREMAT	TORY 23d. LOCAT	ION A	COUNTY	STATE
16	Dural	1915/79	int autus	150	LEO.	RAR'S SIGNATURE.	a
17	TUNERAL DIRECTOR	P (D ADDRESS /3	also ma 21885	OCT 1 5 1	ISTRAR 25b. RECUST	KAR S SIGNATURE	
1	mee,	D. Wales 101	consecution	O TION	117	The state of	

12 6 17 28 513 Homewall J. S. E. md AA to see sych Elle Malle Herent Elwards Strong Stales no Catter Montal 310 Fee 1 Esser L. Halifig Met auteur Ral to. France filler to Charles Mill State State

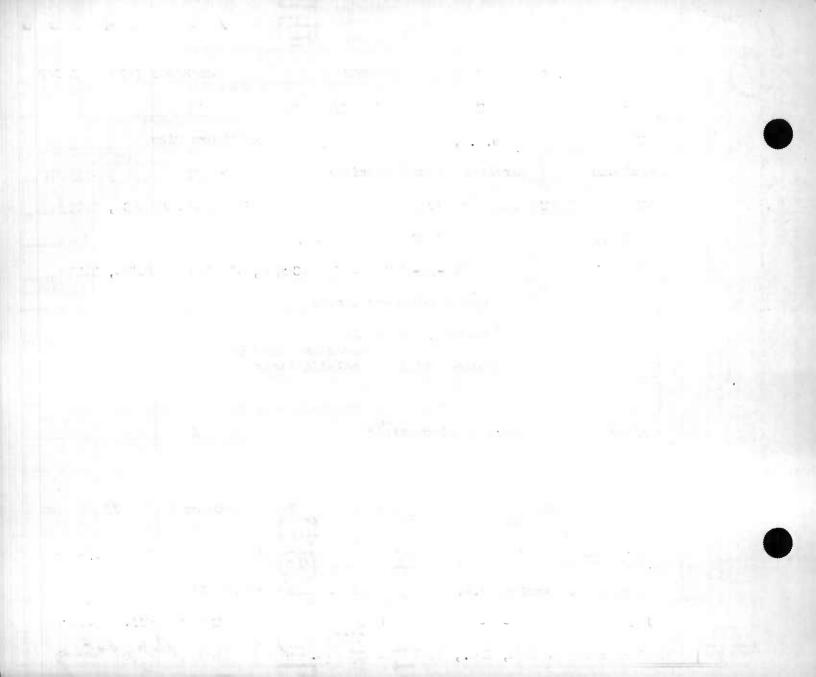
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	YGIENE 7 9	2 4	4 5 6
		CEASED NAME PIRST	am	Ed	wards	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
	3. SE	Male	4. RACE Negro	5. DATE O		6. AGE (IN YEARS LAST BIRT	YRS	
23	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Virginia	U. S. A.	MARRIE		Baltinore City o)EATH
O Profited]	Baltimore	II. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STA Key Circle	Nurs		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 12 F WORKING LIFE) 1N	2b. KIND OF BUSINESS C NDUSTRY
135	1	Maryland	or other institution, give residence be INTY 136, CHTY OR TO Balts		13d INSIDE CITY LIMITS?	8151 Hi	cks Roa	ad
augus O		Dennis	Edwards		15. MOTHER'S MAIDEN N	MIDDLE	Good	dman
e medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 213-01		Pearl But	ler 8151 H		Dad APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, or other troumotic		Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF	site	un them	ONION CONTAIN	?
shows any injury	CERTIFICATION	19a DATE OF OPERATION	Heart 196 CONDITION FOR WHI	Vace	maker N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH?
ced or Item 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE WHILE AT WORK AT WORK		19	211. LOCATION STREET	URRED (ENTER NATURE OF INJUI		ORPART 2) OUNTY STATE
Hem 21 is mor		22a.1 certify that (I) (this hasp	ottol) ottended the deceased from 10 - 20 15 ottol view the body after death.	77.0	DEGREE	9, to 10 c 2 c on death occurred on the di		d from the couses stoted
IMPORTANT: IF		22d, PHYSICIAN'S NAME (TYPE) E. E. I.S.W.	eventh Cook	, N	ATTENDING PHYSICIAN 220 ADDRESS 2431 Ma	DIRECTOR PHYSIC	Ave. B	30. 26. 79
	(BURIAL, CREMATION, REMOVA SPECIFY Burial			emetery or Cremator	rk Baltimon		, Marylan
77		In. C. March	F/H 1101 Eas	t Nor	25a. D	T 2 9 1979	25b. REDISTRAR'S	Status dy

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

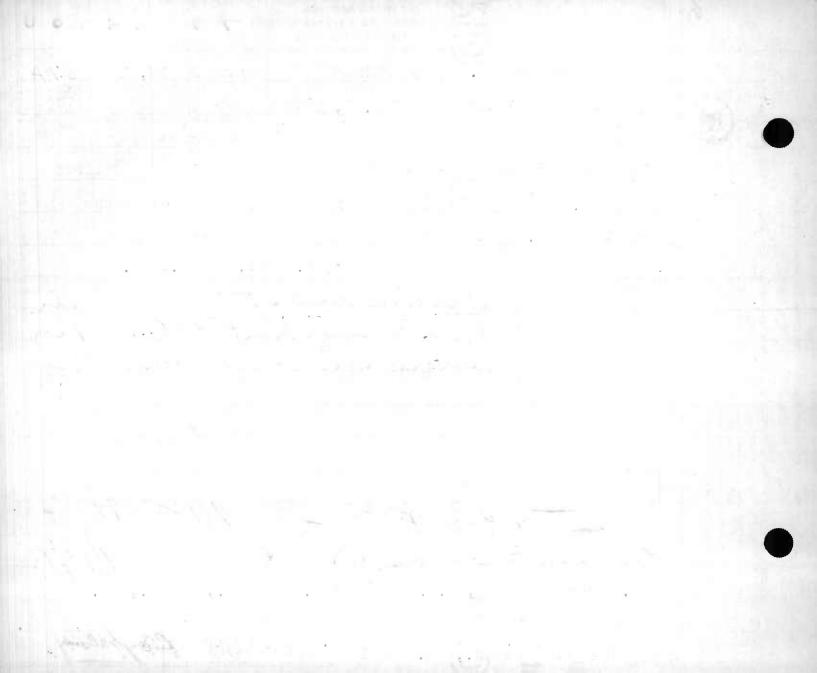
FOR

(VRA 15, 4) 7/78



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1 2443 Porteston - October 2, 1970 __11:1 wild growled Lad Instigate and a grade out TOTAL STATE WENT SHOW COLD TO THE PARTY.

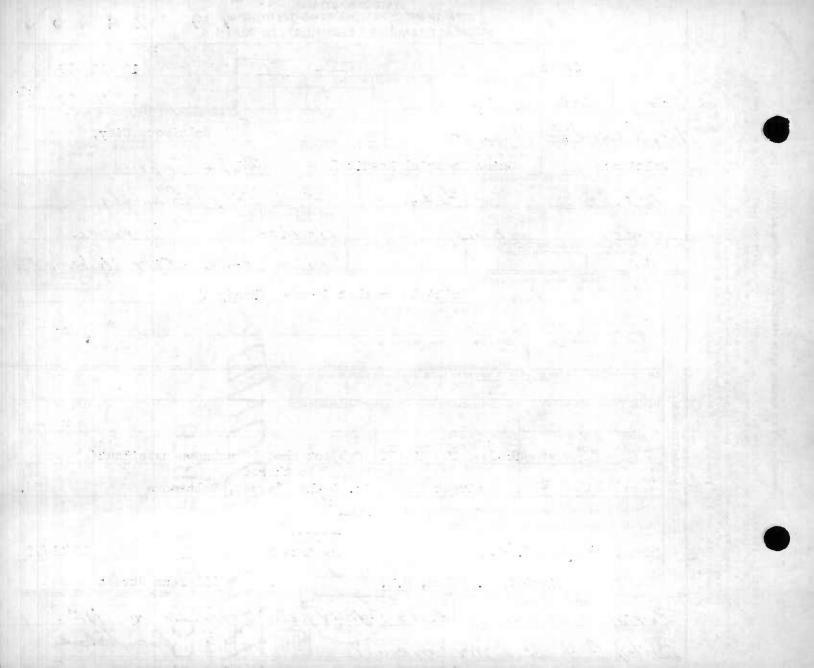


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Wm. C. March F/H 1101 East North Ave



1.			STATE OF MARYLAND	
	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4 4 6 3
	REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	PECEASED NAM	E FIRST	MIDDLE LAST 20. DATE KNOWN OF ESTI-	NTH DAY YEAR 26. HO
L		James	Ellis /// DEATH MATED 1	0 22 19 79
3. S	EX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	O DAY YEAR 2d. HO
N	1ale	Black	10 22 56 23 YRS. DEAD 10	0 22 1979 P
. 7a.	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P. BALTIMORE CITY OR CO	OUNTY OF DEATH
Λ	bell (Troling		City,
10_0	CITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WO	ORK 12b. KIND OF BUSINESS OR INDUSTRY
	Baltimo		Union Memorial Hospital 7/1 xf + Emberi	ck
	UAL RESIDENCE STAJE	(IF IN NURSING HOME OR	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 130. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 130. STREET ADDRESS //	
	md.		Baltimore YES P NO 154/9 Hlame	dr
14.	FATHER'S NAMI		MIDDLE LAST OF FIRST MIDDLE C	LAST
	Tames		Ellis Se Lisuise	eiller.
16a.		DEVER IN U.S. ARM	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	a de
	No	(IF TES, GIVE W	Linuise Keith 5419	Alamed
	18. CAUSE C	F DEATH (Enter only	y ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PARTIDE	ATH WAS CAUSED	DBY: Multiple Gunshot Wounds (handgun)	BETWEEN ONSET AND DEA
	963	TA IMMEDIATE	(DUE TO, OR AS A CONSEQUENCE OF	
		ns, if any, which se to immediate	(b)	
	cause (a	stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
	lying cau	ise last.	(c)	
-	PART 2 OTHER SI	GNIFICANT CONDITIONS CO	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
NO		GNIFICANT CONDITIONS <u>C</u>		
CATION		GNIFICANT CONDITIONS CO		20. AUTOPSY?
TIFICATION			CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	20. AUTOPSY? YES 🔯 NO [
CERTIFICATION	19a. DATE OF	OPERATION AL CAUSE WAS	CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 (a).	YES X NO
CAL CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY HOUR XX. MONTH DAY YEAR DEATH 9:05 P.M. 10 22 19 79 Subject shot by unknown assai.	YES X NO [
EDICAL CERTIFICATION	19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI	OPERATION AL CAUSE WAS OCCURRED OCCURRED	216. PLACE OF INJURY (AT HOME, 216. DOCATION NOrthwood)	YES NO [DR PART 2) lant(s)
MEDICAL CERTIFICATION	19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI	OPERATION AL CAUSE WAS OCCURRED OCCURRED	21b. TIME OF INJURY HOUR XX. MONTH DAY YEAR DEATH 9:05 p.m. 10 22 19 79 Subject shot by unknown assai. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) CONTRIBUTING TO 0EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	YES X NO [OR PART 2) lant(s) COUNTY STAT
MEDICAL CERTIFICATION	21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	OPERATION AL CAUSE WAS OR NG CAUSE OF DI CCURRED NOT WHILE AT WORK	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY HOUR X X. MONTH DAY YEAR DEATH 9:05 p.m. 10 22 19 79 Subject shot by unknown assai. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET ST	YES X NO [CAPARI 2) Lant(s) COUNTY STAT Md
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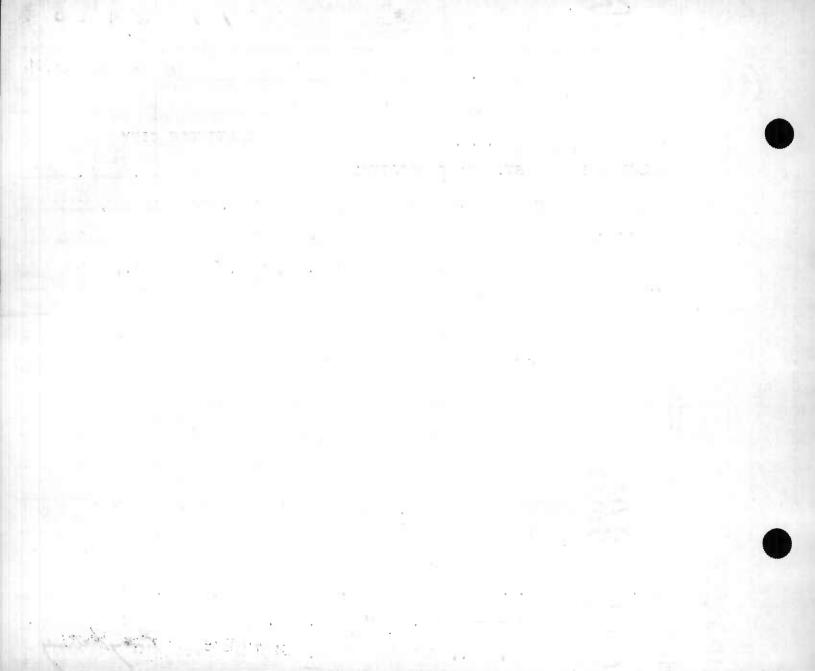
HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

STATE OF MARYLAND

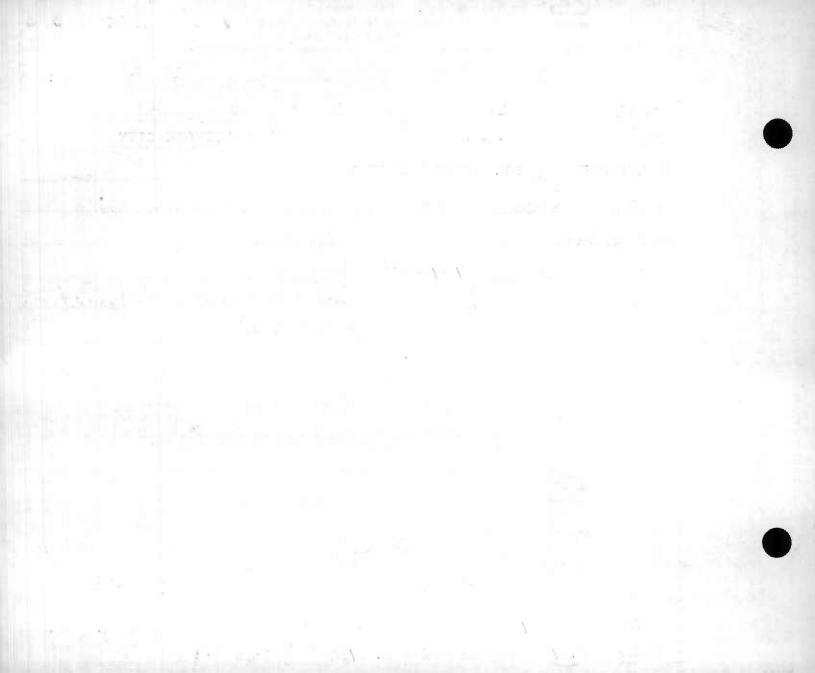
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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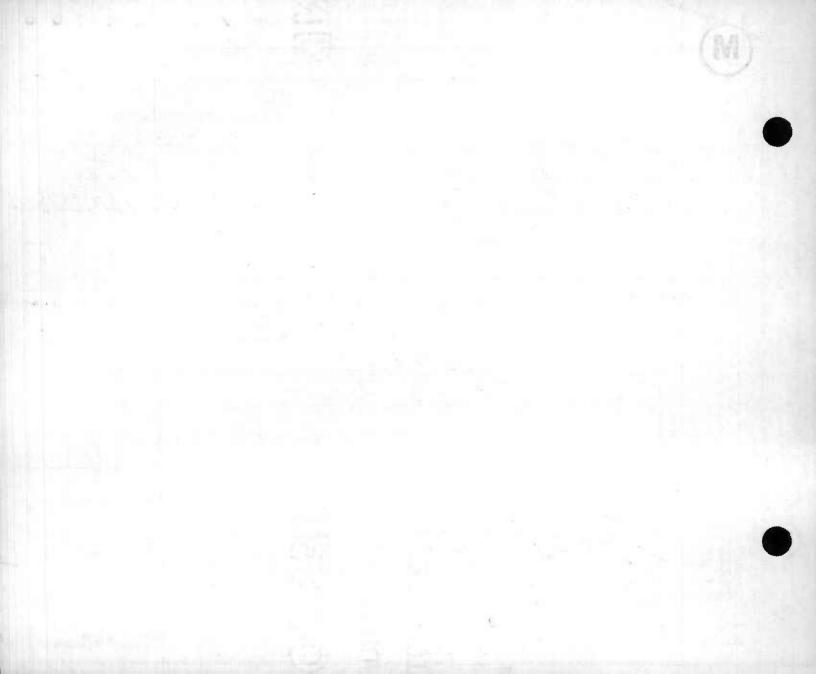
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tem #5&6 per phone call w/Fun.



V	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	2 4 4 5 6
7	(TYPI	CEASED NAME WILLI	AMA AA.	ENSINGER EN	/	MONTH DAY YEAR 2h. HOUR
		ALE /	WHITE	S DATE OF BIRTH	6 %	MONTHS DAYS HOURS MIN
of once.	(RTHPLACE ISTATE OR FOREIGN OUNTRY ENNA	76 CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ♣	9 BALTIMORE CITY OF	RCOUNTY OF DEATH BALTO. CITY M
S Contined	1	S2 77	CTE NOT IN SUCH FACILITY, GIVE STREE	10 the pital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF PRINTER	
305	130	STATEM) INCOU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO X	130 STREET ADDRESS	Pundalk Ar Both
aumox 3/	1		MIDDLE DUNDAL:		UNKNOW	
medicol 2	0	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GN YES W	/E WAR OR DATES)	Wm. D. En		225 Dundalk Ave.
event, th		PART I. DEATH WAS CAUS	nly one couse per lipe for (a), (b), a ED BY: TE CAUSE (a)	ize ANEST.	- D(BETWEEN ONSE! AND DEATH
or other traumatic	3	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO	K EYSTUCKS PU	N. Fredery	15 FT C
injury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUTNOS RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN PART I (a)
Auo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\ting{\text{\titt{\text{\titt{\text{\til\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\texi\texi{\texit{\texit{\tet{\text{\texi{\text{\texi{\text{\texi\texi{\texi{\texi}\te
bu 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
morked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOW	COUNTY STATE
21 is mo			nital) attended the degeased from	and that in (our) opinion	death accurred on the da	te and hour and from the couses stated
IT: If her	-	2% SIGNATURE	AH848	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	FIAND 17L DATE SIGNED
IMPORTANT		C) 25/	H. STUNE	no 220 ADDRESS UNIVENT	1. HOSI	0.
₹ 7		BURIAL, CREMATION, REMOVA SPECIFY BUrial		NAME OF CEMETERY OR CREMATORY Oak Lawn Cemeter		ore Md.
6 20M		UNERAL DIRECTOR	Bradley Inc	Dundalk Md 00	TO A 1979	256. RESISTRAR'S SIGNATURE



BALTO., MD

21215

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

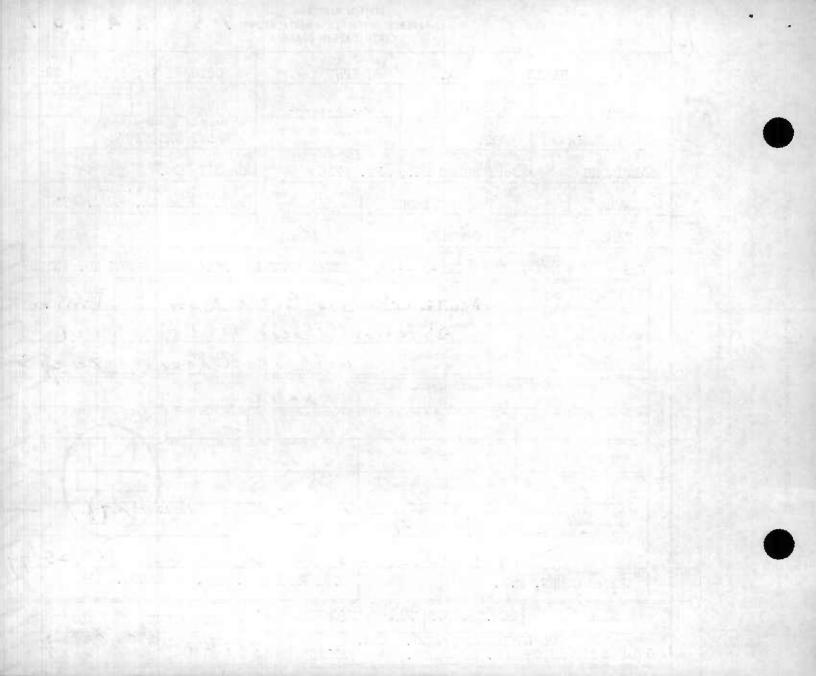
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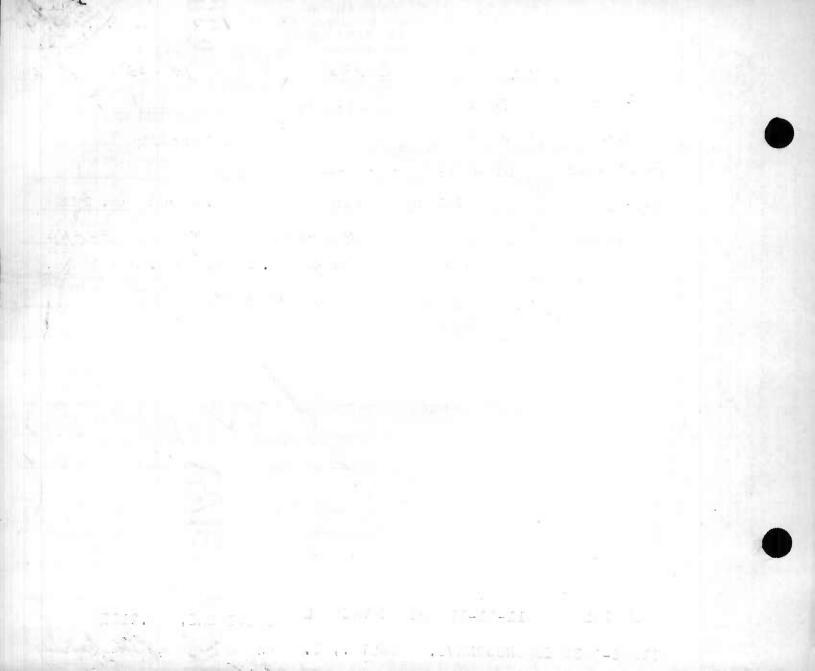
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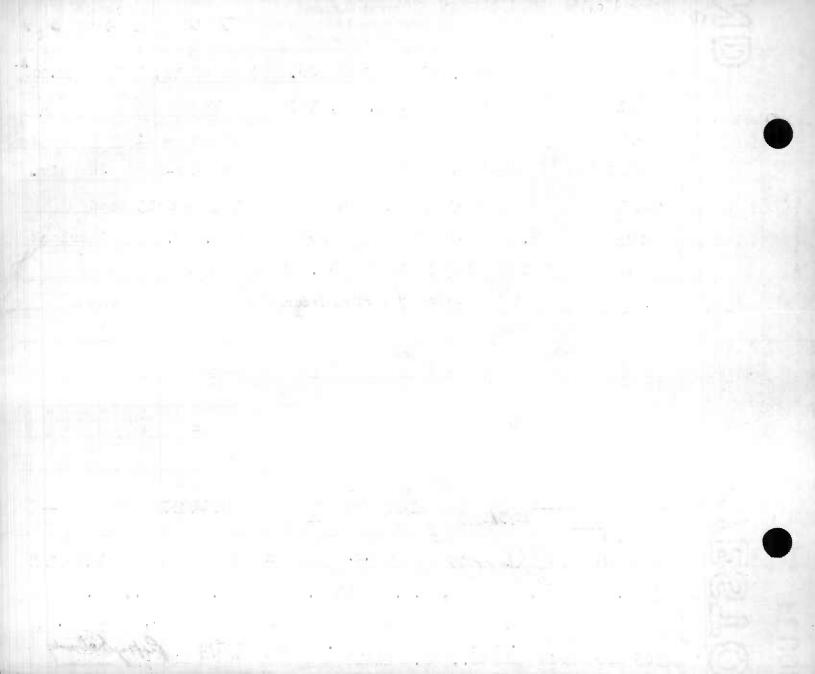
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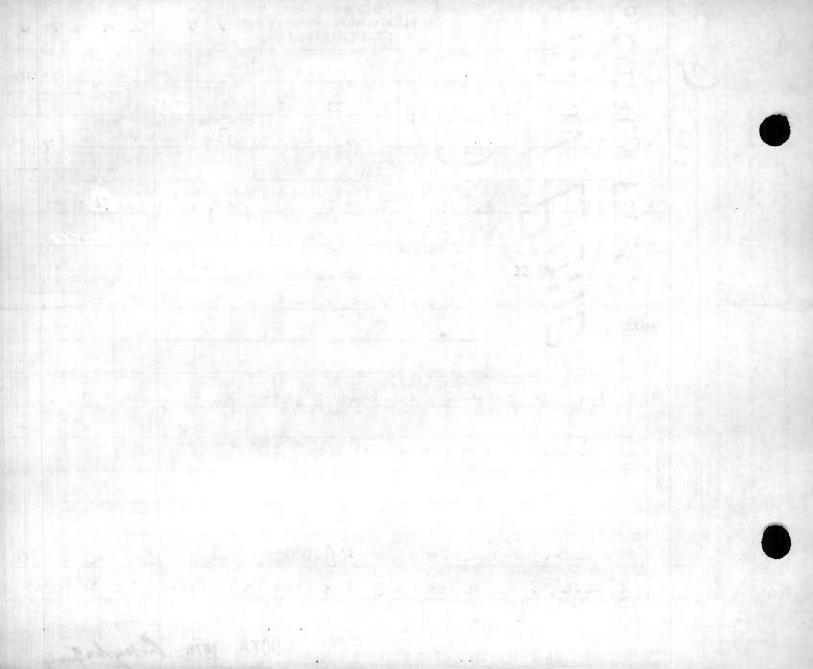


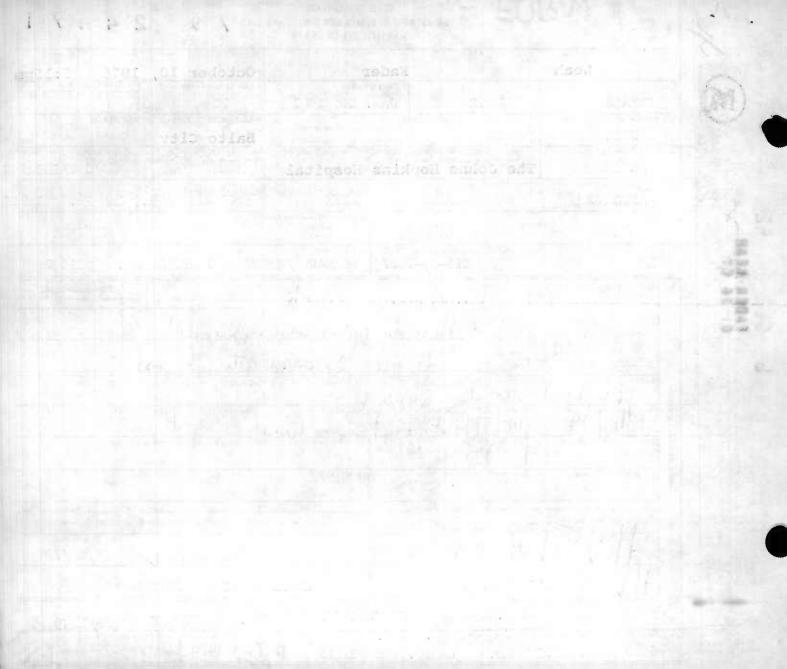


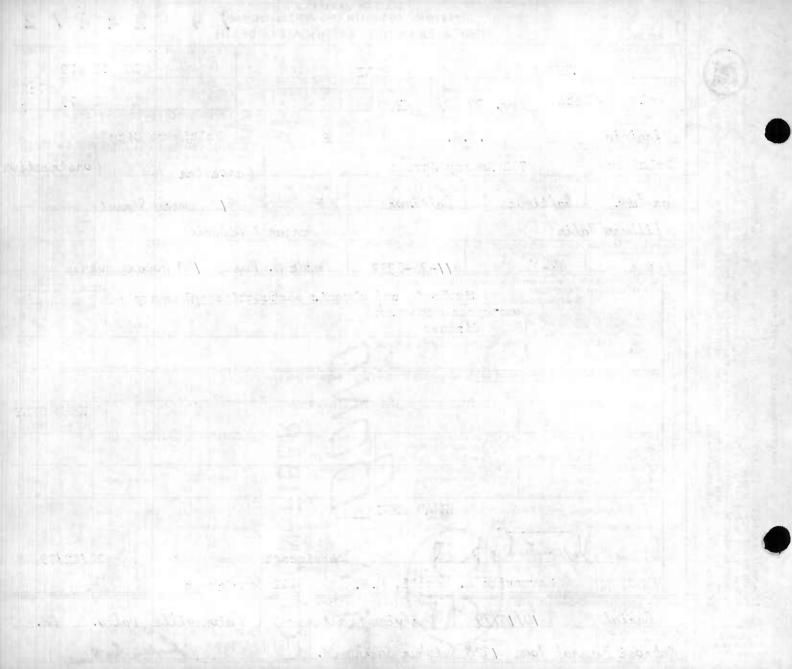
10		FOR STATE REGISTRAR	130 g53	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 4 6 CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME	FIRST		MIDDLE	1	AŠT		20 DATE OF DEATH	10.00	DAY YEAR	26. HOUR
		,	Georg		berton	E	VANS	Jr.	OCTOBER		.979	12.2
	3 SE		4	RACE		5. DATE C	DAY	YEAR	& AGE (IN YEARS LAST BIR		WE UNDER 1 YEAR	#FUNDER 2
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35	C	RIHPLACE (STATEOR) DUNTRY) Aryland	FOREIGN 7b	CITIZEN OF US	WHAT COUNTRY?	MARRIE		MARRIED	Baltimo Baltimo			
Charified		TY OR TOWN OF DE Baltimo	re	Sina	HOSPITAL, NURSII CH FACILITY, GIVE STREET L HOSPI	ADDRESS)		NOITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Professo	ION of working life	12b, KIND C	Uni
35	1	AL RESIDENCE (IF NUI	136 COUNTY	HER INSTITUTION	136. CITY OR TOV		134 INSIDE		13. STREET ADDRESS 6134 Ba	rroll	Road	
dine	14 FA	THER'S NAME	MID	DLE	LAST		15 MOTHER	S MAIDEN NA	WE		LAS	ST.
\$30		deorge	H	Ι.	Evans			ary	V .	C.	She	erlo
Medical	16a V	VAS DECEASED EVEL (ES, NO OR UNKNOWN) YOS	(IF YES, GIVE W.	D FORCES? AR OR DATES)	220 30		17 INFORM		addr nor Evans	ESS	Same	€
event, the		18 CAUSE OF DEA	TH (Enter only	ane cause pe	r line for (a), (b), or	nd (c).1						MATE INTER
ven	301	PART I DEATH	MAS CAUSED I		Massive	туоса	rdial	infanct	ion:	- 0	Sudd	en
injury, ar ather	NO	PART 2 OTHER SIG	e last.	(c)_	ONTRIBUTING TO		NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 10	D1
any any	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERF	ORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEAT
or Hem 18 shows		21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	Р	.M. MONTH D	AY YEAR			RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	ART I OR PART 2)	
marked or	MEDICAL	214 INJURY OCCUP	RRED VMILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	210 LOCAT STREET		CITY OR TO	wN	COUNTY	ST
21 is mo		220 1 certify that (1 saw the decea above, (1) (wer					d that in (my	. 19	to 10/12/	late and hou		that (1) to
VT. # Ren		22h. SIGNATURE	inti	Que	you.		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	12/1
with the State [win B	Jar		D.	220 ADDRE	E. Cha		Balto,	. Md.	
, 2	(SURIAL, CREMATION SPECIFY) Burial	, REMOVAL	10/1			Ridg		Pikesvi			Md.sı^
20M 1) 7/78	24 FI	INERAL DIRECTOR NAME 905 York	Henry	W. J	enkims a		s Co.	OC.	REC'D. BY REGISTRAR	25h. REC ST	RAR'S SIC NAT	hudy



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTS ALBERT FABIG 6 0400 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAY HOUR5 MALE WHITE 10 21 03 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CONTRY! MARYLAND altimore U.S. WIDOWEDVX DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WOOK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNIVERSITY HOSPITAL MUSICIAN SELF EMPLOYED DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE 450 S. BENTALOU ST. 21223 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE CHARLES MINNIE FABIG UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECORITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) YES 214-03-3863 DEBORAH STANDON 233 NORTHWAY ROAD 21136 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY accident IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20 AUTOPSY? 20b. IF YES, WERE FINDING USED à IN CERTIFYING CAUSES OF DEATH? NO F YES sho the burial-transit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram_ 79 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) well (did) (did not) view the body after death ild be detoched the State Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN L MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Vy 23a. BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION URTAL 10-9-79 MEADOWRIDGE MEM. PK ELKRIDGE HOWARD MD 24. FUNERAL DIRECTOR 21229 DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE







Poge 4 may be

executed within 24 hours after

deoth certificate

requires that the

TTENDING PHYSICIAN The low

TO HOSPITAL

the attending physicion and completely filled in by the funeral director remove carban papers. Pages 1 and 2 should be filed within 72 hours of

injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remave carbain pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

MAPORTANT: If Item 21 is marked or Item 18 shows any

this certificate has been

TO FUNERAL DIRECTOR: After

DHMH-16 20M (VRA 15, 4) 7/78

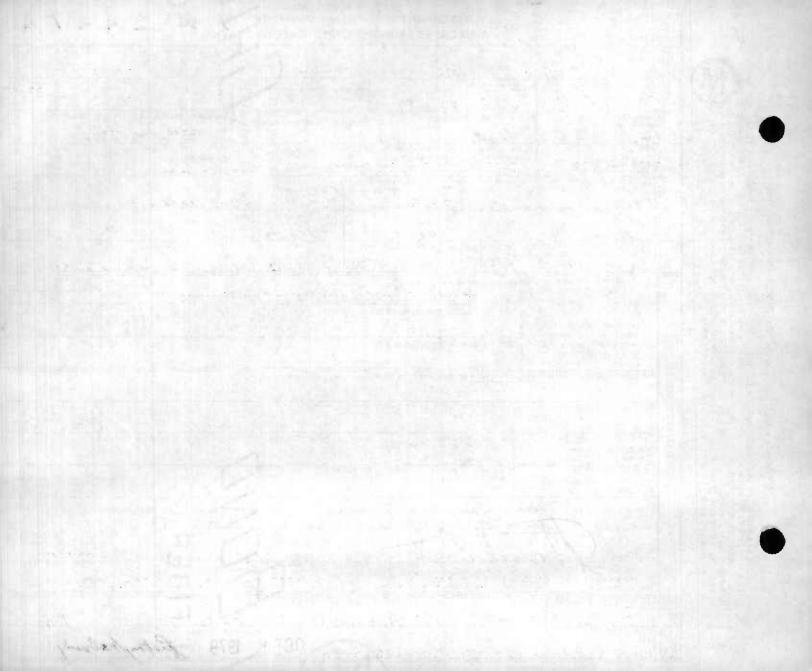
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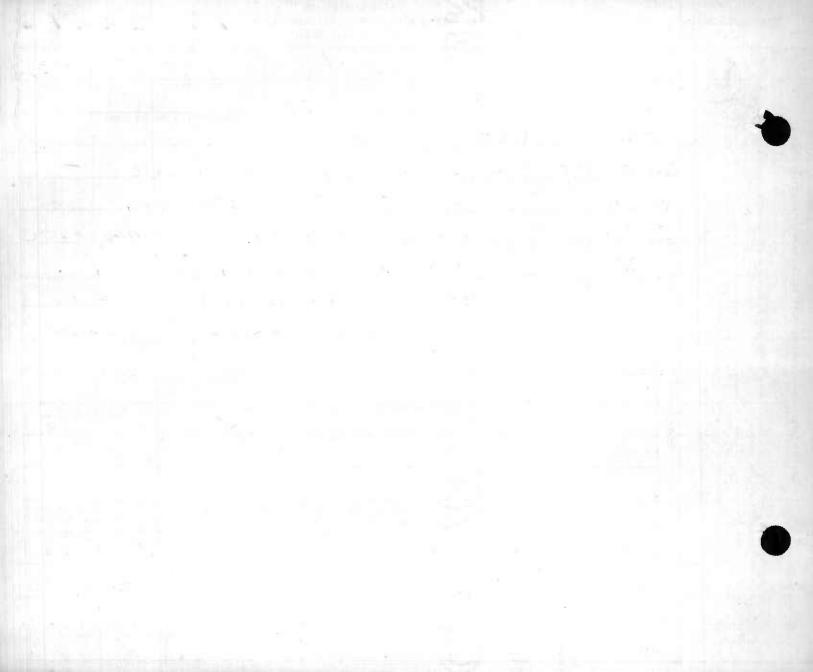
	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE 7	9 REG. I	NO	2	4	c.j	7	3	
DUE	IAŠT	1 0 175 01		40.	0.44	ME .			-	_
DIE	(ASI	2a DATE OF	DEATH	MONTH	DAY	YEA	R 17	HOUR		

	1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL	HYGIE	NE 7 9 REG. NO.	2	9 4	7	3
		CEASED NAME	FIRST		MIDDLE	·	AŠT		O DATE OF DEATH MO	NTH DAY	YEAR	2b. HOU	JR
×,			C.	Leonar	d Fardwe	11			October 31.	1979	79 PA		
	3 SEX	K		4 RACE		S. DATE C			AGE (IN YEARS LAST BIRTHDA	MONTH	DER I YEAR	IF UNDER	24 HRS
i	1	Male		White		Janu			87	YRS	DAYS	HOURS	MIN
-		RTHPLACE ISTATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIC	D NEVER MARRIED	, ,	BALTIMORE CITY OR	OUNTY OF	EATH		
)	N.	Varyland		U.S	.A.	WIDOWE			Baltimore	City			MD.
1	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION		28 USUAL OCCUPATION	12	N KIND O	F BUSIN	ESS OR
Ų.		altimore		1 0a	k Place		-		Vice Preside		cCor	mick	
7	13a S	AL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	1134. INSIDE CITY LIMIT	rs? I	3e STREET ADDRESS				
2		ryland			Baltimo		YES 🔀 NO			Place			
201	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEL	NNAME	WIDDLE		LAS		
G	C	Charles Ta	lbott	Fardwe.	11		Laura	a E					
/	16a W	VAS DECEASED EVER		MED FORCES?	146 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS				
		No			215 09 0	820	Laurette S	5. F	ardwell	Same			
		IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY.									BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE 10)									1nh		
		DUE TO, OR AS A CONSEQUENCE OF									15-201		
		Conditions, if any, which gove rise to immediate (b)							2012/2012		/ 7	4	٥.
		couse (0), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN II											
	z	PART 2 OTHER SIGI	PIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONDIT	ION GIVEN IN	PART 1/c	٠ د	
H	CERTIFICATION	19a DATE OF OPERA	TION	18 COND	ITION FOR WHICH	OPERATIO	W WAS PERFORMED	w	200 AUTOPSY? 20	Db. IF YES, WE	DE EINDIN	JCs use	
7	FIC.	THE DATE OF OFERA	11071	110 00110	more rok willen	O' EKATIO	WAS TENTORMED		11	CERTIFYING	CAUSES	OF DEA	TH?
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	MEDICAL	(IF EITHER, NOTIFY MEDIC			M. OF INJURY	19	211 LOCATION						
	WE	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	C	YINUC	S	TATE
		220.1 certify that (1) (this hospital) priended the deceased from 19_50 to 31_ 19_50, that (1) (me) last											
		sow the deceased alive an object (i) the deceased the bady after death. 19 9, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated object (i) the date of the date of the bady after death.											
		776 SICHAPONY		// //	7/- 1/	-	DECREE			1	Zr. DATE	SIGNED	
		1 Cl	us	820	mx	m	ATTENDIN		MEDICAL STAFF DIRECTOR THYSICIAN	40	11/	2/5	a
/	l	22d. PHYSICIAN'S N.	AME (TYPE O	R PRINT)	//	-	271 ADDRESS	-			-	1	/
		Dr. Cha	arles	E. Car	Jr.		3900	N. (Charles St.				
	230. B	URIAL, CREMATION,	REMOVAL	236. DATE	231	NAME OF C	EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN	COUN	TY	\$T.	ATE
	В	ürial		Nov.	3,1979 Wo	odlawi	n Cemetery		Baltimore			31,	
		INERAL DIRECTOR	7 77	21			250		REC'D. BY REGISTRAR 75%	RE STRAKE	SUNAY	Pied.	
	DI	ırge Fune	ral H	ome 36	or ralls	nd.	21211	NOV	2 1979	1		7	9

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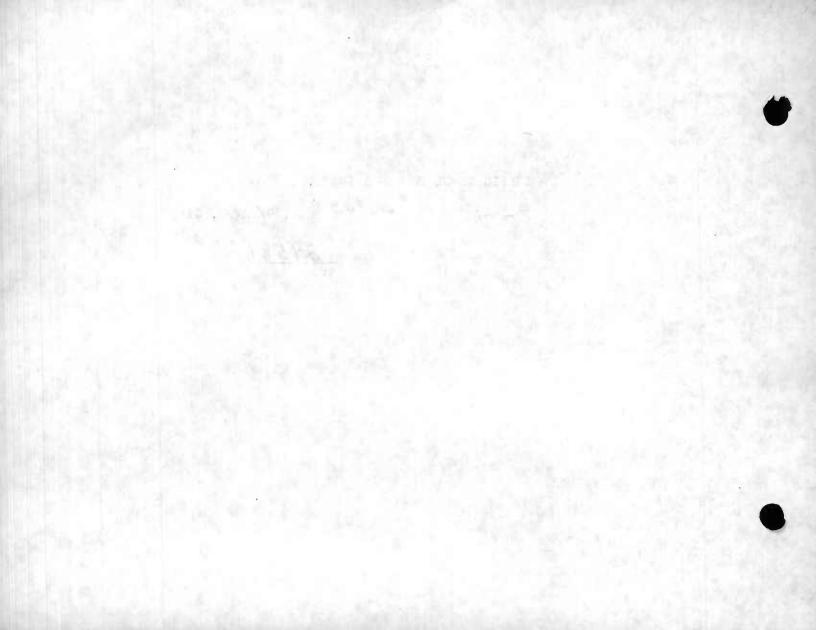
		FOR			DEDARTA		E OF MARYLA		GIENEZ C		0 4	4 7	.00
16	1-	STATE REGISTRAR		N	NEDICAL E		R'S CERTIF	ICATE OF	DEATH	REG. NO	2 4	44	4
4	1. DEC	EASED NAME	FIRST		WIDDLE		LAST		20 DATE	KNOWN [DAY YEAR	26. HOUR
A A	(TAb)	OR PRINT)	Charle	S	W.		Farme	er.		ESTI- X	10	4 19 79	M
TAI)	3. SEX		4 RACE 5	DATE OF BIR		6. AGE (IN YEAR LAST BIRTHDAY	S IF UNDER 1 YR	IF UNDER 24	4 HRS. 2c. DAT		HINOM	DAY YEAR	11:55
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45 × 3 × 02	IO CI	A TOWN	OF DEATH	1. NAME OF F	7. IOSPITAL NUR		OR OTHER INSTIT	DIVORCED	120 USUAL OCCI	altimo:		2b. KIND OF BU	MD.
A COMPANY		ltimore		(IF NOT IN SUC	Pennsy:	REET ADDRESS)			Service			OR INDUST	RY
201 AANT DEI WAND 3 TO GUID SE ECCHOS	USUA	L RESIDENCE	(IF IN NURSING HOME OR C	OTHER INSTITUTION	, GIVE RESIDENCE		۷) .		3e STREET ADDR				
21201 ANT D AND 3 AND 3 SHOULD LIVECORD	- July 3	md,	138. COONT		BAI	110.	YES L		20211	eans.	Aug.		
O 1	14. FA	THER'S NAME		MIDDLE	1	AST	15. MOT	HER'S MAIDEN	NAME	MIDDLE		LAST	
RE, M	Z	Villes	on and	0.0000000	111 505	ermer IAL SECURITY	NO. 17 INFO	Plantha		ADDRESS	9	amer	
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BALTIMO URS AFTER B. GIVE PA WITH FOI PAGES I	-	VES 18 CAUSE O	F DEATH (Enter only	one couse per	line for (a) (b)	and (c))	148 104	EENL	VAULS	1/21 N	Shopu	APPROXIMAT	IE INTERVAL
ST. ST.		PARTIDE	ATH WAS CAUSED E	BY:			ic cardi	ascula	ar disea	se		BETWEEN ONSE	T AND DEATH
		429	2		OR AS A CON	SEQUENCE O							
W. PREST ED WITHIN PENCIL IN AMINER A L-TRANSIT ENTAL HY REMOVAL			ns, if any, which se to immediate	(b)		17.75 E		A A VI					
301 W. PRES CUTED WITH IN PENCIL I IN PERIOR IN MENTAL PROPERTY I, OR REMOVE		cause (a) lying cou	stoting the <u>under</u> - se last.	DUE TO,	OR AS A CON	SEQUENCE O							
6 0 = 7 = 5 = 1		PART 2 OTHER CI	GNIFICANT CONDITIONS CO	MIDIBILITING TO DE	ATH BUT NOT BUT AT	TEO TO THE TERMIN	AL DICEASE OR CONDIT	TION CIVEN IN BART	1				
0 0000	Z	TAKE 2 OTHER SE	JAII ICAN CONOTIONS CO	HIKIBOTING TO BE	ATTI BUT NOT NECK	TEO TO THE TERMIN	NE DISEASE ON COMUIT	ION GITEN IN PARI	110.				
ALRECOR HOULD BE ENDING WENDING WED USED AS A	CERTIFICATION	190. DATE OF	OPERATION	196 CON	NDITION FOR V	WHICH OPERA	TION WAS PERFO	DRMED?				20. AUTOPSY	?
FVITAL TE SHOU WORD " WORD THE CHIE ENT OF H	H						100			to The		YES 🗆	NOXX
VISION OF VIT CERTIFICATE SH TING THE WORN DED TO THE CI DEPARTMENT OF THE CI OF THE C		21a. EXTERNA	L CAUSE WAS		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJUI	RY OCCURRED	(ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART	(2)	
VISION OF CERTIFICATI TING THE V SED TO TH 3 SHOULD DEPARTAEI RIOR TO BL	MEDICAL	CONTRIBUTION CONTRIBUTION	NG CAUSE OF DE		P.M. CE OF INJURY	19 (AT HOME,	211. LOCATION						
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EXAMINER: CERTIFICATE DINCE BE POR , WITH THE S AARYLAND, 21		death result	fy that I taok charge	couses X	Accident	Suid Suid	Autopsy L.	Inspection nicide	Undetermined r		nd in my opi	nion	
>= m01 -			11	/	110	#		(SPECIFY)	gria crommina i				
ICAL EXAL		ACTUAL SIGNATURE.	1/100	vark	10m	5	M.D. Der	outy Ch	i en Edical EXA	MINER	SIGNED	10/5/	79
MEDIC CUTE I SE 4 S FUNES FRORE		EXAMINER'S	NAME Th	omas D.	. Smith	M D		111 1	Penn St.	Ra	lto.,	MD	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU ATTREDEATH PATTREDEATH BALTIMORE, MA	23 a P	IRIAL CREMA	TION,;REMOVAL 23b				ADDRESS ETERY OR CREMA)	23d. LOCATION City or fown				
14/2 BB	(5	Brecify)		0-9-79	1 1	7+ A.	huge C	meter	BALTA	Electrical Control	COUNT	m	d .
7705 BP	24. F	UNERAL DIREC	12 149		RESS	176			C'D. BY REGISTE	RAR 25b. REG	ISTRAR'S SI		
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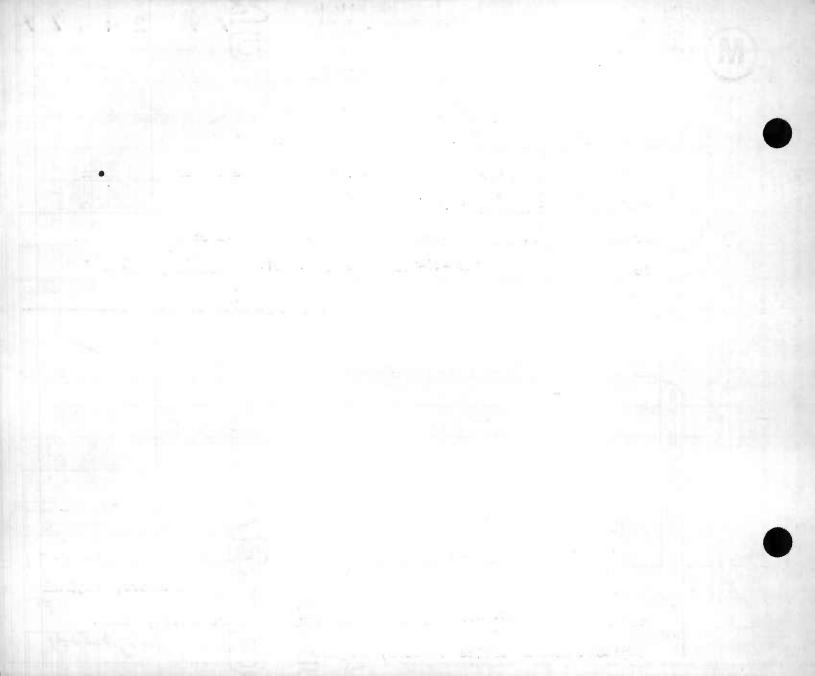


DUPLICATE DEATH CERTIFICATE,
79-24476 VOIDED * BABY HAYMAN, 9/22/79, City

SEE CERTIFICATE # 24586



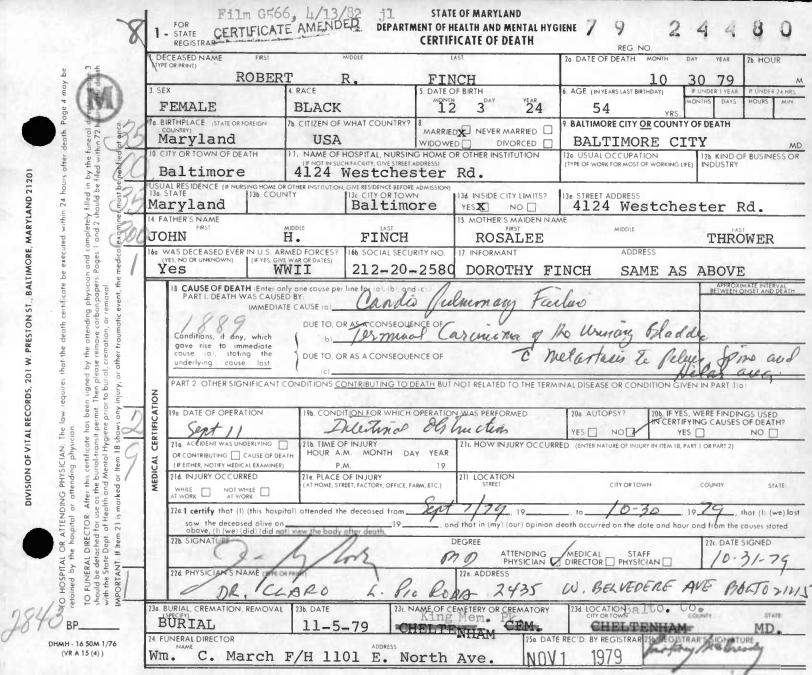
	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2	4 4	11
		EASED NAME FIRST		MIDDLE	ī	AST		MONTH DA	AY YEAR	2b. HOUR
L	TYPE	BETT	Y	L.	Fe	ATHER		101	5 79	235A1
3	SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
		FEMBLE		ITE	7	11 24	55	YRS.		HOOKS MIKE
70		THPLACE (STATE OR FOREIGN UNTRY)		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
75		ennsylvania		SA	WIDOWE		ISALTO.	CIT	4	M
0 10	CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI			F BUSINESS OF
38	11.5	ALTIMORE,	UNI	VERSITY	Hos	PITTIL	Homemaker		Ho₁ne	;
35	30 S	I RESIDENCE I IF NURSING HOME (ATE 136 COL	INTY	13c. CITY OR TOW Forest H	N	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	3066	c Pr	
14	. FA	THER'S NAME	02.0	101000 11	bys my segar	15. MOTHER'S MAIDEN NA	ME	1000	3 AL	,
20		FIRST	MIDDLE	LAST		FIRST	Rebecca	a	Burke	
55 IA	a W	Frank AS DECEASED EVER IN U.S. A	R.	Burn 166 SOCIAL SECU		17 INFORMANT				
d			VE WAR OR DATES)	182-22-		Peggy F. Be	ell Herndo	on, Vir	ank Way	
		18 CAUSE OF DEATH (Enter of	only one couse pe	er line for (o), (b), on	dicin ,		1		APPROXIM METWEEN O	MATE INTERVAL
	- 1	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	CARDIO	Puln	ionary ari	rest			
		4419		OR AS A CONSEQUE	NCE OF	,				
		Conditions, if any, which	(ib)	Chron	HC V	Renal Sail	ure			
		gove rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQUE	NCE OF					
	- 1	underlying couse lost.	Icl_	Atherosc	eroh	a Vasculor	Disease	-		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	1
一!	CERTIFICATION	90 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES,	WERE FINDIN	GS USED
	Ĭ						YES NO	YES	ING CAUSES	NO [
9	<u> </u>	210 ACCIDENT WAS UNDERLYING			WE I S	21c HOW INJURY OCCUR				
		OR CONTRIBUTING CAUSE OF D	AIO	i.m. month di i.m.	AY YEAR					
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION				
	₹	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	/N	COUNTY	STATE
		22a 1 certify that (this has		he deceased from_	10-	5 , 19 77		5 i	9 74	that (t) (we) la
		saw the deceased alive a above, (4) (we) (did) (did)	n 10 -	v ofter depth	7 <u>7</u> , or	nd that in (my) (our) opinion	death occurred on the d	ate and hour	and from the	ouses stated
		226 SIGNATURE	0	/ /		DEGREE		-	22c. DATE	SIGNED
		Vern Sen	20n 4	and no		ATTENDING PHYSICIAN	MEDICAL STA		10-	15-7
		224. PHYSICIAN'S NAME ITYPE	OR PRINT!			22e ADDRESS				
1		Verry Bens		UNT MD			10:10-		e, Mar	yland
23		JRIAL, CREMATION, REMOVA	236. DATE	277		EMETERY OR CREMATORY EW Cemetery	23d LOCATION CITY OR JOWN Martinst	nac f	OUNTY	STATE
-	4 51	Burial NERAL DIRECTOR	1979	9	TT ATC					Age /-
W.	1 FU	Capitol Fune	mo 1 Ca	ADDRESS	wfo	Tri mai nia	E REC'D BY REGISTRAR	fist	ray	thooly
78		capror rune	rar ser	vice ral	riax,	Allalura			/	- 1

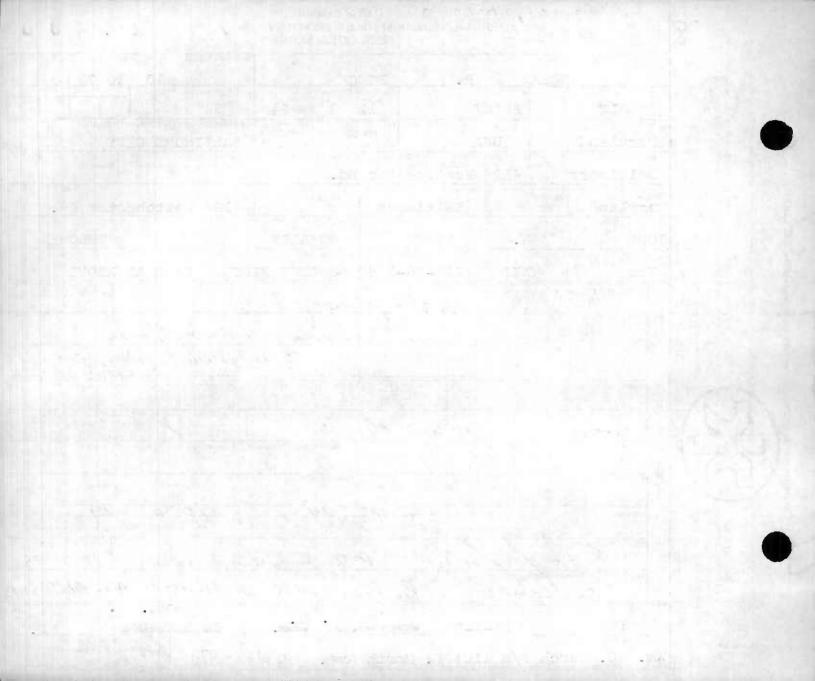


CLASS & A DESTRUCTION resqueen Couples is, 1976 13.20 Caramara Araba Ara Ly To The John S. Hepkins Hoselial 155 45 father Fisquis C Eric & Ernelshaus Lohn Trooth Line NEW JESTEPHYS NEWIG DONNE SZAMWAY Book 1077-74 Well- 100 Care Talley March & March

1	1			STATE	OF MARYLAND	ALL AND ADDRESS OF THE ADDRESS OF TH	
4 0	1 -	FOR STATE REGISTRAR	DEPA		CATE OF DEATH	(GIENE / 9	244/9
be oge 3 deoth		ORPRINT) THER	ESA MADELINI	ESAF	HELY AUX	20 DATE OF DEATH MONTH	27/199 10 M
fer p	3 SEX		4 RACE	5 DATE C	BER 20,1906	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Poge	L.E	PEMALE RTHPLACE ISTATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTS				
e e 1 35	E	BALTIMORE, MD.	U.S.A.	WIDOWE			LTIMORE CITY, MD.
201 rs ofter of the hyther filled with		ALTIMORE, MD.	11. NAME OF HOSPITAL, NUR JIF NOT IN SUCH FACILITY. GIVE ST BALTIMORE	REET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETTRED	(ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOUSE WORK
'LAND 212	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BY 134 CITY OR T	OWN I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS NEW	WKIRK ST.#21224
MARY bamplete and 2	14 FA	THER'S NAME FIRST WILLIAM	FILLIAUX LAST		15 MOTHER'S MAIDEN N FIRST MA	AME RGARETHA HART	LAST MANN
BALTIMORE, cote be executioned and copers. Pages I val. it, the medical	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IFYES, GIVE	WAR OR DATES)	1-6085	MAE MARSHA	625 S. BALTO	NEWKIRK ST. 21224,MD.
		18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE //199 IMMEDIAT		OYUCA	www.	19RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certification physician. After this certificate has signed by the attending physician as the burial-transit permit. Then please remove carbanp in and Mental Hygiene prior to burial, cremation, or removed at them 18 shows any injury, or other traumatic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	STATIC	minan	UOMA	142
RDS, 201 equires th n signed to Then plea	NO	PART 2. OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)
TAL RECOR	CERTIFICATION	19a date of operation	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
N OF VITAL SICIAN: The ng physicion certificate h urial-transm premial Hygien litem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	M 18, PART 1 OR PART 2)
DIVISION DIVISION OF PHYS OF OF THIS OF OF THIS OF TH	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI priol ar TOR: A for use of Heal		220.1 certify that (I) (this haspi saw the deceased alive an abave (I) (we) (did) (did na	10/2/1//			n death accurred an the date an	d haur and fram the causes stated
fal OR A y the hos Ral DIREC detoched ore Dept.		Chis to de	1 Daves m	D '	ATTENDING PHYSICIAN		
HOSPII sined by FUNER ould be th the St		CHRISTOPHUY		mo	CITY HOSE	seltnit bom	
Of of State Market	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 2	30 NAME OF C	METERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
260/ BP		BURIAL	10-31-79		D HEART CEM.	7401 GERMAN	HILL RD., BA.CO., MD
DHMH - 16 60M 1/75 (VR A 15 (4))	0	NAME Selly +		EASTERN ., 2122		OCT 3 0 1979"	EGISTRAR'S SIGNATURE/

(75) , and to constitute the same washer the same Latin ha, bli. . Balling City Roserrans The Reservoir Linkshause - ----u25 b. paragon and and WILLIAM PARTITION 210-71-725 PAR BARDHOLL: LOUGE, 2122-72-72





BALTO., MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

100

12b. KIND OF BUSINESS OR

RETAIL

#21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

MARYLAND

DAYS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

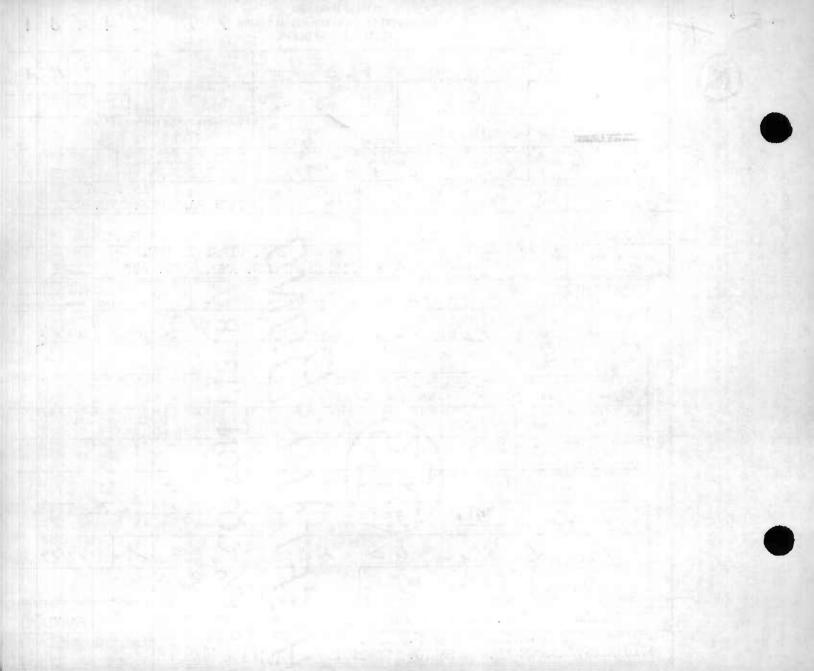
DHMH - 16 50M 1/76

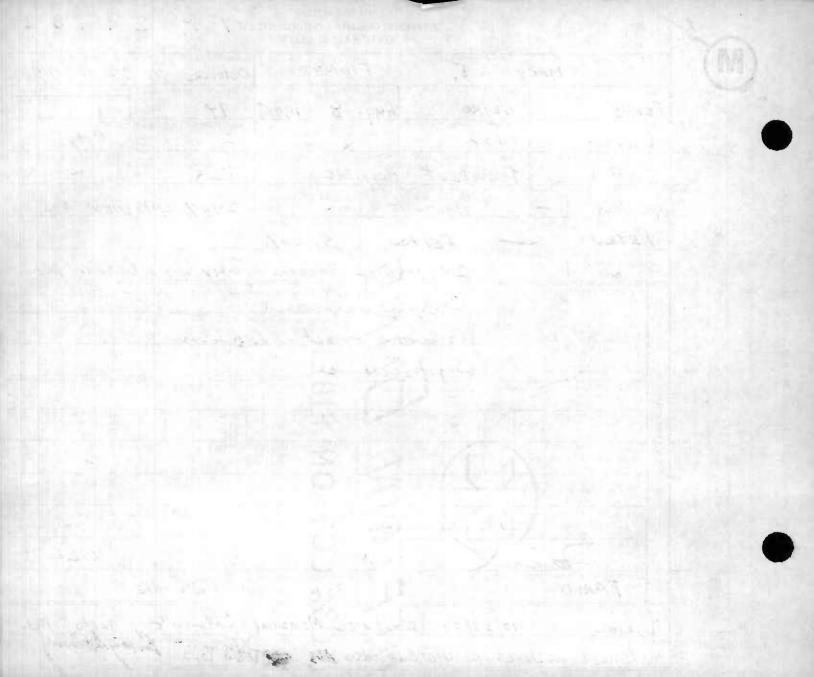
(VR A 15 (4))

6010 REISTERSTOWN RD.

FOR

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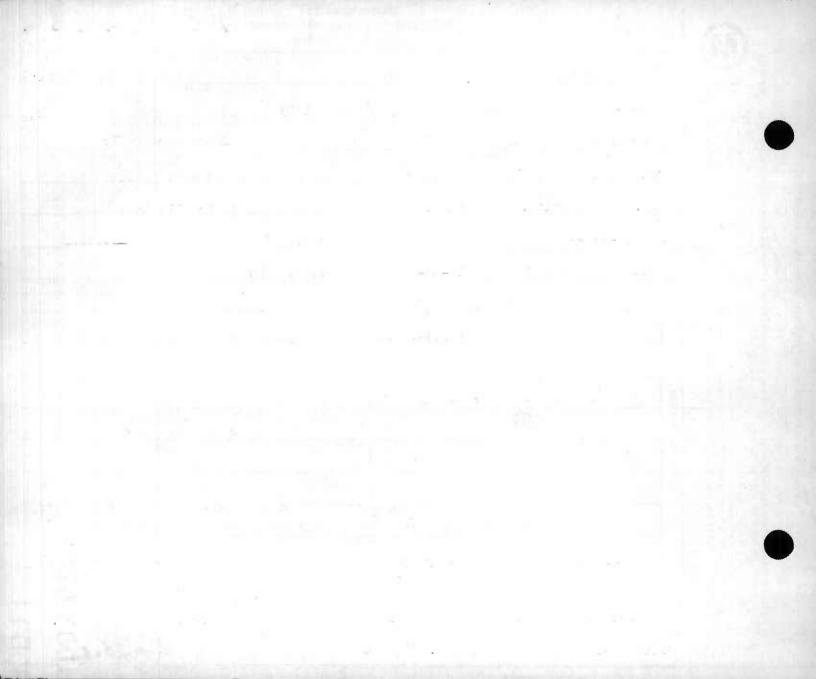
Simple Company of the Company of the

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dec

TO HOSPITAL

Poge 4 moy be

	11-3	FOR STATE REGISTRAR			DEF	PARTMENT	OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		ENE / 9	NO.	2 4	4 8 4
IAI	1. DECE	ASED NAME	FIRST		MIDDLE		LA	ST		20. DATE OF DEATH	MONTH (DAY YEAR	76. HOUR
e de de		DOMT	NIC		Ρ.	FIN	0				10 3	3 79	12:15
fer p	3 SEX			4 RACE			ATE OF		EAR (AGE IN YEARS LAST BE		MONTHS DAYS	
director, p hours after ce.		MALE		WHI		1	4 /	/ /	923	56	YRS	Moterns DATS	THOUSE MAKE
ma 72 ho	COU	HPLACE (STATEORF NTRY) Jaryland	OREIGN	76 CITIZEN OF	WHAT COUP	MA	ARRIED		ED U	Baltimore city Balti		City	MD
by the funeral filed within 72 h		or town of DE	ATH	II. NAME OF (IF NOT IN SU MERCY	HOSPITAL, NICHFACILITY, GIVE HOSP	URSING HO	ME OR	OTHER INSTITUTIO		12e USUAL OCCUPA (TYPE OF WORK FOR MOST Mechan	OF WORKING LIF		OF BUSINESS OR
completely filled in E. 1 and 2 should be fi	USUAL 13a. ST	RESIDENCE (IF NUR	SING HOME OR 136: COUN Bal	OTHER INSTITUTION		E BEFORE ADMIS		134. INSIDE CITY LIM		3e. STREET ADDRESS	3		
short and	_	HER'S NAME	Dal	00.	_DUIT U	0.	-	YES NO [462 Mirah	ile La	ane	
ond 2		sepherin	0	AIDDLE	LAS			FIRST		MIDDLE		LA	iST
ol ex		S DECEASED EVER		MED FORCES?	Fin	O L SECURITY N	10	Carmel 17 INFORMANT	_a	ADDI	PESS	¥	
a physicion and control on the contr	(YES	Yes		WAR OR DATES)		18-744		Madelin	ne Fin				
been signed by the attending prior to buriol, cremotion, or only injury, or other troumatic		Conditions, if ony gove rise to immocrouse (a), statistically couse (ART 2 OTHER SIG	mediote ng the e lost. NIFICANT C	ONDITIONS C	tosis	GTO DEATH	the the	0	ins	HAL DISEASE OR COI		/EN IN PART 1	
w ene	RTIFIC					VIIICII OFER	A1101			YES NO	IN CERTIF YE	FYING CAUSES	S OF DEATH?
ng physicie certificate ricol-tronsid ental Hygie them 18 shu		THE ACCIDENT WAS UNDER CONTRIBUTING TO THE FITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A		H DAY Y	EAR 19	21c HOW INJURY (OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18, P	PART I OR PART 2)	
After this cost the bureling of the bureling of the bureling morked or the bureling of the bur	¥	WHILE NOTW	HILE [21e PLACE (AT HOME, SI	OF INJURY IREET, FACTORY, C	OFFICE, FARM, ET		211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
priori		sow the decease above (1) we) (from 19		19 I that in (my) (our) o	ppinion de	oth occurred on the	date and hou	ond from the	that (1) we lost e couses stated
the detocate Date Date Date Date Date Date Date D		76. SIGNATURE	AME ITYPE O	01	ne Con	mæ	ck	ATTENE PHYSIC	DING CIAN [MEDICAL STA	AFF ICIAN (1)	10	15/79
TO FUNER should be with the St		"	McC	BRA				Mer	cy	Hospit	al .		
BP	(SPE	RIAL, CREMATION, CIFY) Gremat:	REMOVAL LON	10/6,	/79		of CE			WOOd Taw		COUNTY	Md.
DHMH-16 20M {VRA 15, 4} 7/78		THE NOCE	& Sons	s FH	32200	9. Hig	h S	t	OCT	5 1979	R 25b. RECORST	TRAR'S SIGNAT	TURE



TTENDING PHYSICIAN: The

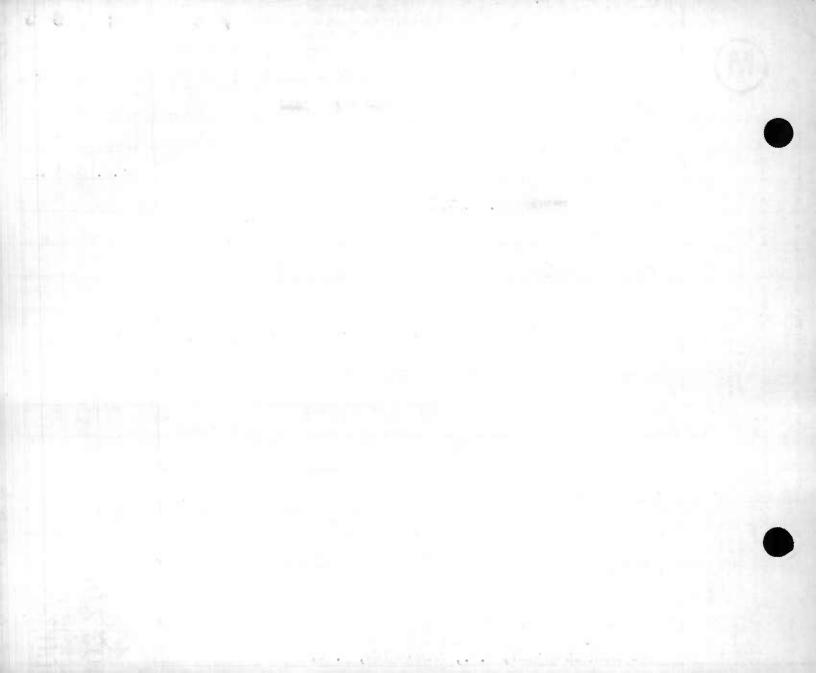
should be

	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH	HENE 7	9 REG. NO	2	4 4	8 5
		E OR PRINT)	FIRST	A	AIDDLE	201	AST	0	20 DATE OF D		ONTH DA	Y YEAR	26. HOUR
	3. SE		5EP FF	RACE		S. DATE C		YEAR	AGE (IN YEAR	RS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
	1. 0	IRTHPLACE (STATE OR FOR		LUCA	SILW WHAT COUNTRY?	JUN		1934	45	E CITY OF	YRS		HOURS AIN
97		COUNTRY)	EIGN /6	U.S.	A.	MARRIEI	DI NEVER	MARRIED	9. BALTIMOR	1 MBA		F DEATH	MD
78	10 C	A TOWN OF DEATH	н 11.		HOSPITAL, NURSIN	G HOME C		TITUTION ROGRA	12e USUAL OG (TYPE OF WORK F	CCUPATIO	WORKING LIFE)	INDUSTRY	OF BUSINESS OR
33	USU 130		G HOME OR OTH 3b. COUNTY PRINCE		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BOWIE	ADMISSION)	13d. INSIDE C		130. STREET AL	DDRESS		GE LAN	
161	14. F/	ATHER'S NAME FIRST ERN EST	MIDD		LAST F15CH	EC		S MAIDEN NAM	ME	WIDDLE		LA	
2			U.S. ARMED WYES, GIVE WA KOREAN	R OR DATES)	18 SOCIAL SECU	2824	17 INFORMA		ec Cur ro	ADDRES	SAME		
	NOI	Conditions, if ony, ogove rise to imme couse (o), stoting underlying couse	which diote the lost.	DUE TO, OF	POSSIBLE RAS A CONSEQUE ACCUSTO RAS A CONSEQUE	NCE OF		71C LE	EU KEM	MOOL !/ B			(MATE INTEVAL ONSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATE		19b. CONDI	TION FOR WHICH	OPERATIO				NOIX	IN CERTIFYI YES		NGS USED S OF DEATH? NO [
9		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW IN	IJURY OCCURE	RED (ENTERNATU	RE OF INJURY	IN ITEM)B, PAR	I I OR PART 2)	
To Down	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET	ON	(CITY OR TOWN	4	COUNTY	STATE
H HEID Z 1 15 MG		220.1 certify that (I) (1 sow the deceased above, (I) (we) (did 22b. SIGNATURE	al al	70 -4	Time .		d that in (my)	ATTENDING _	death occurred	on the dot		22c. DATE	SIGNED
Z Z Z		22d. PHYSICIAN'S NAM	AE (TYPE OR PRI	_	MOY, B	4.0	BCRA	2. 22	S. GRE	SONE	SF.	BAID	·31.1979 , mo gsn
-	(BURIAL, CREMATION, RE BURIAL	MOVAL 1	136. DATE	1979 KIN		ID MEM	ORIAL G	23d LOCAT CITY OR T ARDEN	FAL		ÜRCH	VIRGIN:
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WASHINGTON. D.

DHMH-16 20M (VRA 15, 4) 7/78

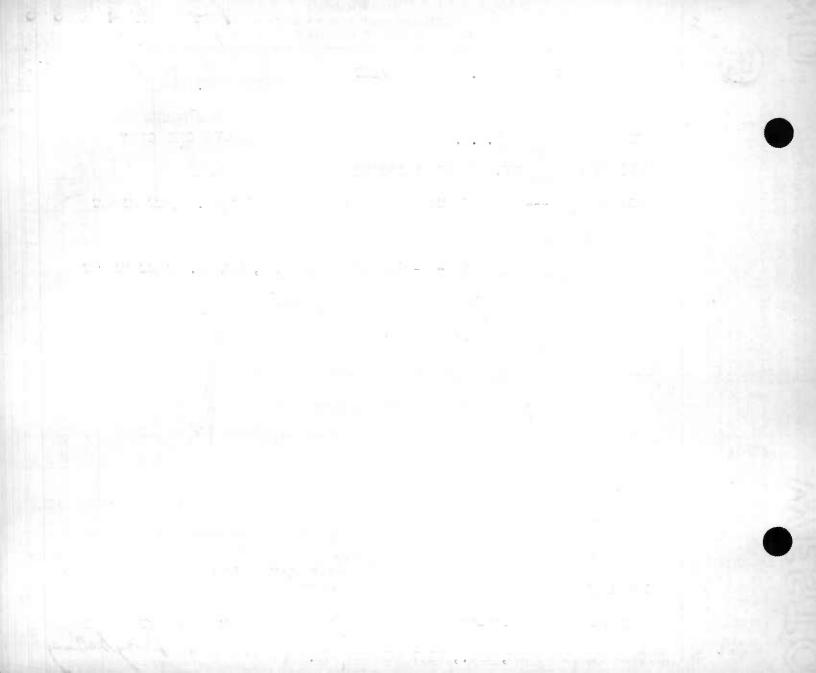
232 CARROLL STREET. N.W..



TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de-

TO HOSPITAL

-3	FOR STATE REGISTR	AR		DEPARTA	MENT OF H	OF MARYLA ALTH AND M CATE OF D	ENTAL HYGI		9 REG. NO.	2 4	486
Duff)	I. DECEASED N	AME FIRST	MI	DOLE	LA	ST		2a DATE OF DE	нтиом НТА	DAY YEAR	2h HOUR
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l direct	To BIRTHPLACE	ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	B. MADDIED	NEVER M	APPIED [9 BALTIMORE	CITY OR COUN	TY OF DEATH	
mn 72	MARYI	AND	U.S	.A.	WIDOWE		ORCED	BALTI	MORE C	TTY	MD
by the fulled with	BALT I			OSPITAL, NURSIN FACILITY, GIVE STREET AGNES H	ADDRESS)		NOITUT	120. USUAL OCC (TYPE OF WORK FOR HOUSEW	MOST OF WORKING		OF BUSINESS OR Y
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₹ 6 £ # 3 3	23a BURIAL, CR	EMATION, REMOVA	L 23b. DATE	23c. h	NAME OF CE	METERY OR C	REMATORY	23d. LOCATIO)N wn	COUNTY	STATE
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(VRA 15, 4) 7/78	HUBBAR	D FUNERAL	HOME IN	IC. 410	7 WILK	ENS AVI	E. LUC	1 11 13	13		



		REGISTRAR		CERTIFIC	AIL OF DEATH	REG. NO	O		
to of		CEASED NAME (REN	JE K.	F1	SHER	2e. DATE OF DEATH	O 2	9 1979	12-45
director hours after c	3 SE	* F	4 RACE	5. DATE OF MONTH Jan.	14, 1885	6. AGE (IN YEARS (AST BIRT	94 _{yrs}	F UNDER 1 YEAR	IF UNDER 24 HR
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by the	E	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST Good Saman	itan Hos		12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOMEN AKE	F WORKING LIFE) INDUSTRY	Home
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l and 2 sh	14. F	ATHER'S NAME FIRST Laurence	MEDICE Kehoe		Sarah	MIDDLE		Toal	r
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NERAL DIRECTOR be detached for u e State Dept of He TANT: If Hem 21 is		Phasad A S	nagavara	Pm M	GREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	129/29
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- 5 3 5	230	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	• 5-	COUNTY	STATE
	24 F	Burial		Parkwoo		Parkvill		LTO IVIAN	
H-16 20M 15, 4) 7/7B	4	uneral director Henry 905 York Rd.	Balto., Md.	21212	°· ÔĈ	T 2 9 1979	proper	yrec	-

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

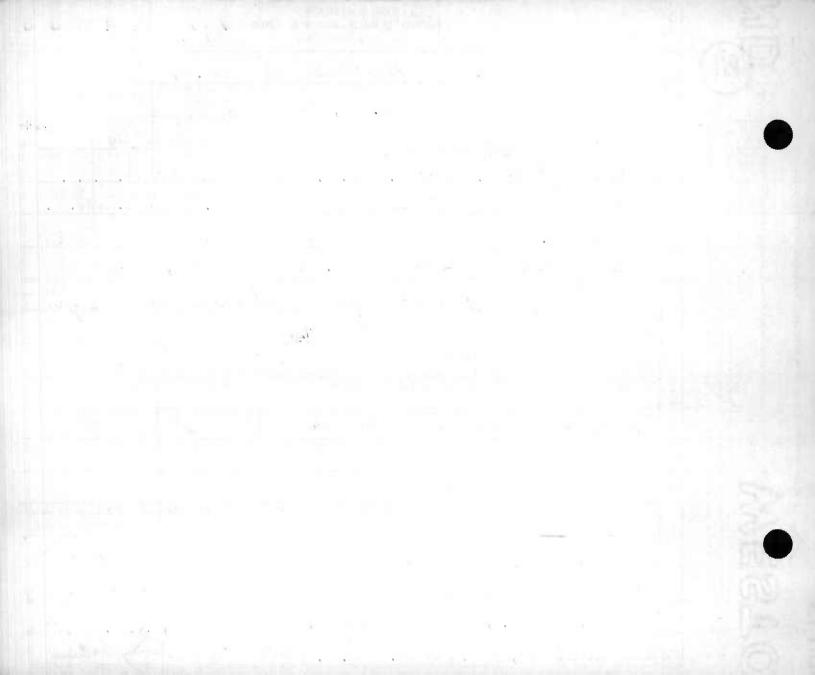
A STATE OF THE STA

ully Funeral Home, 130 F. Fort Ave. Balto. Md.

STATE OF MARYLAND

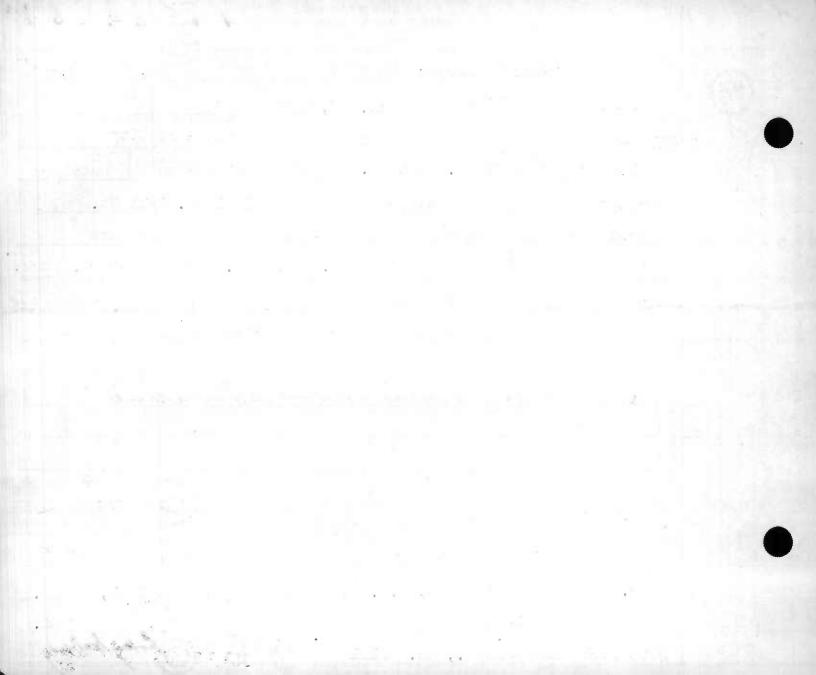
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(VRA 15, 4) 7/7B

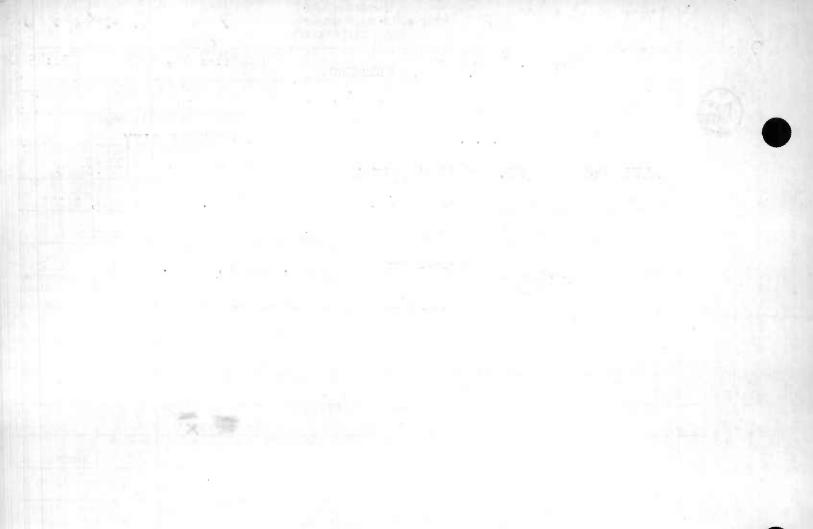


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME FI	RST	MIDDLE	L	AST		REG. NO. October 10,	1979	YEAR	26-HOUR
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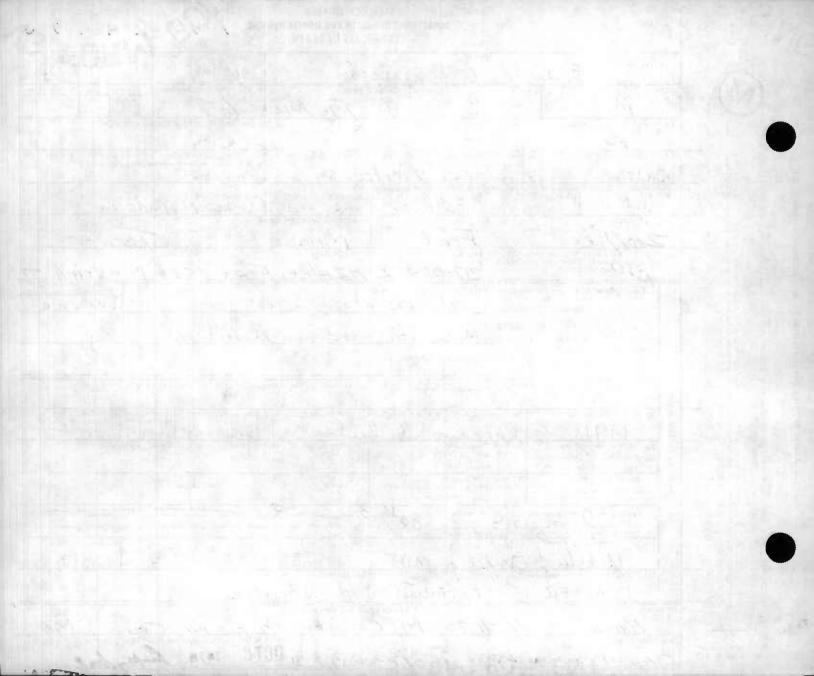


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	PAGE 5		TY OR TOWN OF			FACILITY, GIVE	STREET ADDRESS)		R INSTITU	TION	FOR A	JAL OCCUP	KING LIFE)		OR	IND US H	SINESS	
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BALTIMOR		(YE	S. NO, OR UNKNOWN	(IF YES, GIVI	WAR OR DATES)		CRITECTON	1		Theresa M. Flynn, 4816 67th						Ave. Maryland		
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301	Page 20		lying cause	last.	(c)													
	O A B A O		PART 2 DINER SIGNA	FICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERMIN	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
0	MEDIN MEDIN AS A ALTH	ION																
DIVISION OF VITAL RECORDS,	J. ER. O	CERTIFICATION	19a. DATE OF O	PERATION	19b. CON	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								Head Only				
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SIOP	EULTAS.	MEDICAL	21d INJURY OC	CURRED	DEATH 7:30 P	.M. 9	26 1979	Sut	ATIONA	inju	ired t	while	play	ing f	ootb	all		
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	₹ EBU±5		death resulted	tram: Natu	iral causes;	Accident	, Suic	ide 🔲 ,	Hamie		Undet	ermined mo	nner					
	E CERT DULD DULD L L DIRE H, WITH		ACTUAL SIGNATURE	chamie	LA.	Com 1	20			PECIFY) istai	nt			DATE	1/	0/2/7	79	
	SHO		SIGNATURE	0	5700	-0		M.I	0		WED	ICAL EXAM	INER	SIGN	ED	-,-,		
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30	TO MEDICAL EXECUTE THE CPAGE 4 SHOUTO FUNERAL BATTER DEATH, BALTIMORE, M.	23a. BU	JRIAL, CREMATIC	N,REMOVAL	23b. DATE	23с.	NAME OF CEM			ORY	23d. LC	CATION		COL	INTY	STA	76	
00	BP		Buria		Oct.5,19	79 F	t. Line	oln	Cemet	ery	Br	entwo						
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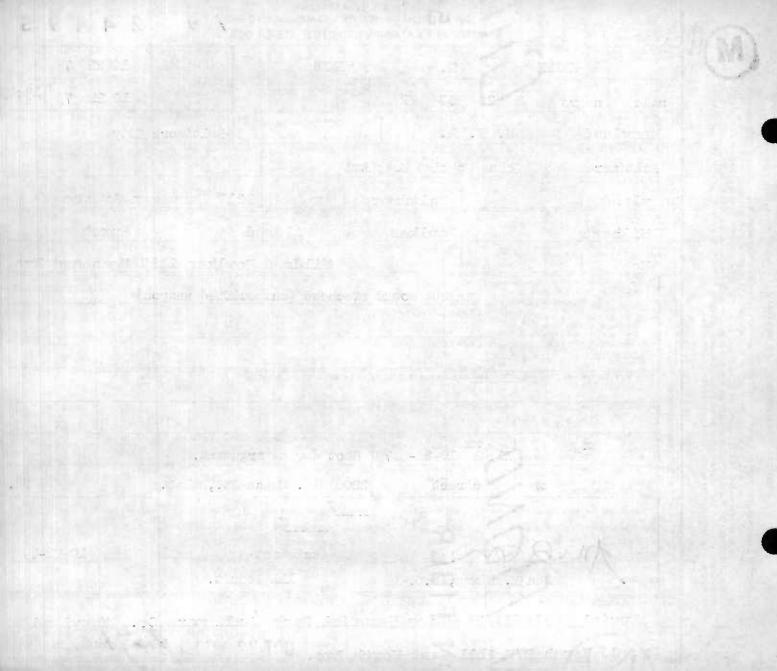
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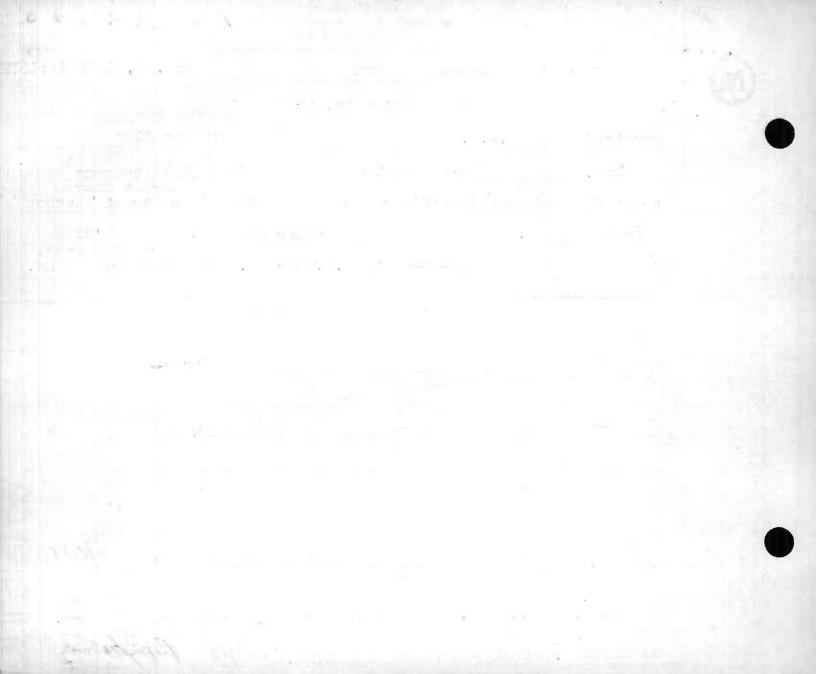
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BAR	1 -	STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO	0.	9 4
sar)		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
-		MARY			OLTZ		10 01 11	QTIPM
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Sours		EMALE	WHITE	04	12 02	77	YRS.	
10	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	MARRI	ED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
0		TY OR TOWN OF DEATH	U.S.A.	WIDOW	OR OTHER INSTITUTION	BALTIMORE		MD OF BUSINESS OR
1138			(IF NOT IN SUCH FACILI	TY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST O		
(8/1)		BALTIMORE AL RESIDENCE IF NURSING HOME			AND HOSPITAL	HOUSEWIFE		
Serimust be	13a S	STATE 13b. CO	UNTY 13c. C	ITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		01000
e e		IARY LAND .	BA	LTIMORE	YES X NO 1		eant Street,	21223
W.	1	FIRST	MIDDLE	LAST	FIRST	MIDDLE		AST .
* UC	160 V	LOUIS VAS DECEASED EVER IN U.S.	A PAMED ECDICES? TIAL S	BISHOP OCIAL SECURITY NO.	MARGARE 17. INFORMANT	ADDRE		HAM
medica		YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)					000
emoval.		NO 18 CAUSE OF DEATH Enter		9-10-0762	I STUART SATO	OSKY, 218 OAH		208 XIMATE INTERVAL NONSET AND DEATH
I hen please remaye co or to burial, cremation, injury, or ather troumo	NOI	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A	CONSEQUENCE OF	T NOT RELATED TO THE TER			(o·
Hygiene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
hem 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH	JRY MONTH DAY YEAR 19		RRED CENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
h and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY ETORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
L DIRECTOR: A tached for use of Dept. of Healt if them 21 is mo		220.1 certify that (I) (this has sow the decease of alive above. (II) (we) did) did 22b. SIGNATURE	10/1	19 74	DEGREE ATTENDING	MEDICAL STAI	pte and haur and from the	, that (1 (we) ast e causes stated E SIGNED
should be deto with the State I		22d. PHYSICIAN'S NAME (TYPE) KENDALL		LKNER	220 ADDRESS UNIVERSITY	OF MARYL	AND HOSPITZ	AL ER
F 5 3 ₹	23a. E	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	SESSON.
		BURIAL	10-04-79	LOU	IDON PARK	BALTIMORI	TTY MAR	YLAND
50M 1/76	24. FI	UNERAL DIRECTOR NAME		ADDRESS	21229	TE SECID. BY GOT OTRAR	Marked Wood	-
5 (4))	H	UBBARD FUNERA	L HOME, INC.	. 4107 WII	KENS AVE.	10 1010	./ >	/





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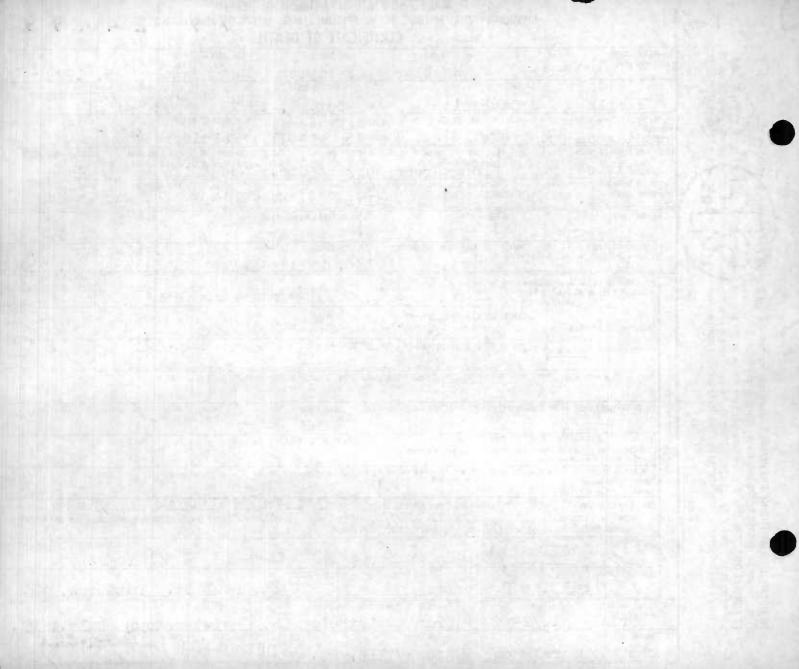


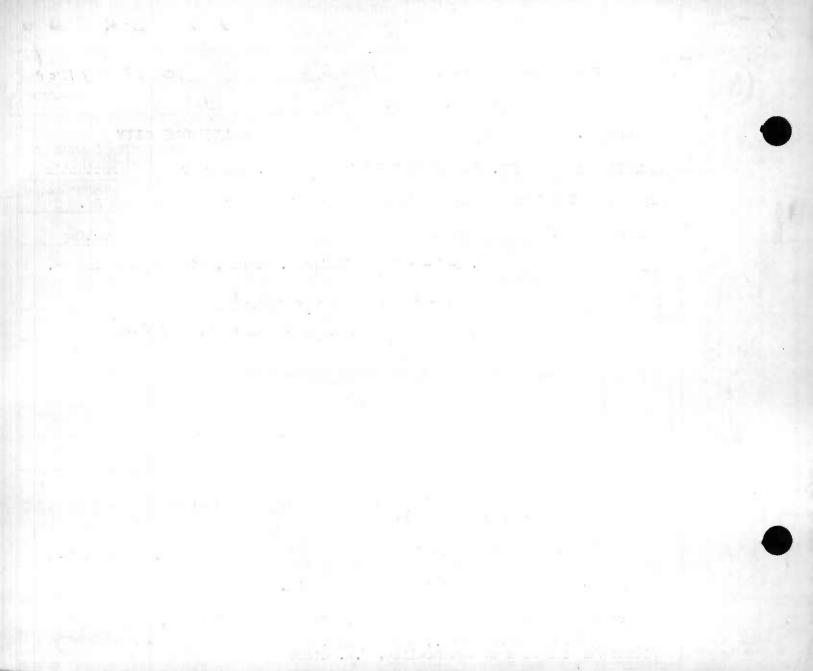
Items #18a-22a Film G538 12/5/79 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEZ

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(2) - 1	MARYLAND STATE DEPARTMENT OF HEALTH	
5 1 5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4 4 9 9	
	CERTIFICATE OF DEATH	
death. and 2 death.	DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Adaptive Day Vegs	
	Myrtle Wheeler Frampton October 25, 1979	M
at a see	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	
Affaction of the property of the standard of the property of the standard of the property of t	Female Caucasian Oct. 6, 1887 92 YRS	
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- B	ashington DC IISA WIDOWED Baltimore ##	d.
B.E.O.A	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12g. USUAL OCCUPATION (Kind of work dang. 2h KIND OF BUSINESS OR	-
remave carban any event wit	Baltimore give street address) Long Green Nursing Ctr. Housewife Home	
event 5	. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
500	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last	=
BOC	Frank Wheeler Mary Lavine	
5 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 8 E Addrelea sant St. 19. INFORMANT 8 E Addrelea sant St.	5D
-	no Mr. Philip Beigel Baltimore, Md. 2120	12
	18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COCO COC	
Dept. at Health priar ta burial, cremation, ar remaval, andmany	4292 DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gove trise to immediate cause (o).	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	-
	last. (t)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	_
1	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	-
1	YES NO H CAUSES OF DEATH?	
0	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	~
/	(If either, notify medical examiner) P.M. 19	
	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County Stote	
	or work of work	
	22a. I certify that (I) (this hospital) attended the deceased fram 3 , 19 / , ta / c/2 5 , 19 / / , that (I) (we) las	†
	saw the deceased alive on 1975 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.	9
	22c. DATE SIGNED	-
	DEGREE PHYS. DIRECTOR	
1	THE PHYSICIAN'S 22e ADDRESS	-
1	MAME(Type) William F. Renner 3222 St. Paul St. Batimore, Md.	
/	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	=
1	RENDYLLS 10/29/79 Trinity Lutheran Ch. Reisterstown Balt., Md.	
	FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2SO, REGORARA SIGNAL RE	-
69	acNabb Funeral Home Catonsville, Md. DATE OCT 3 0 1979	
	The state of the s	





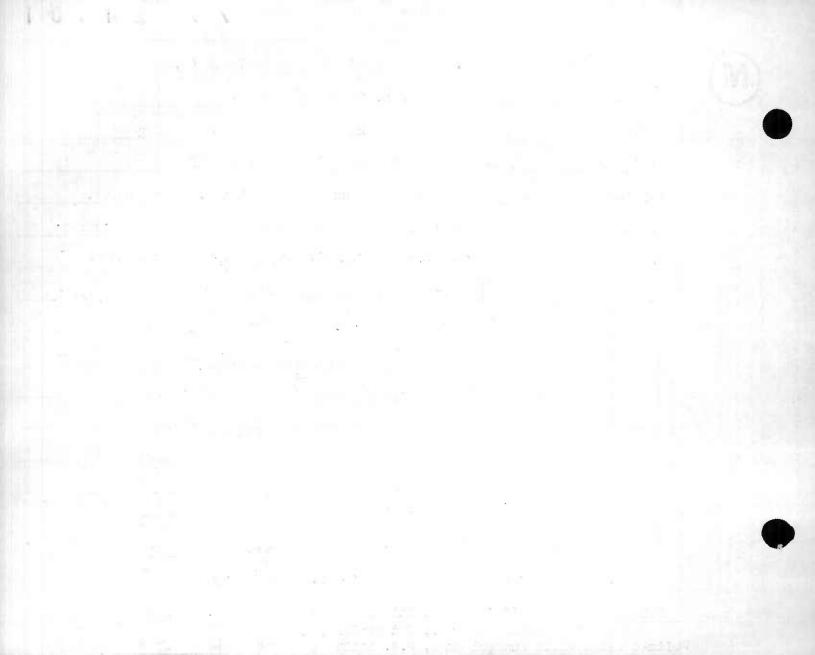
Witzke Catonsville Funeral Home, P.A. 21228

STATE OF MARYLAND

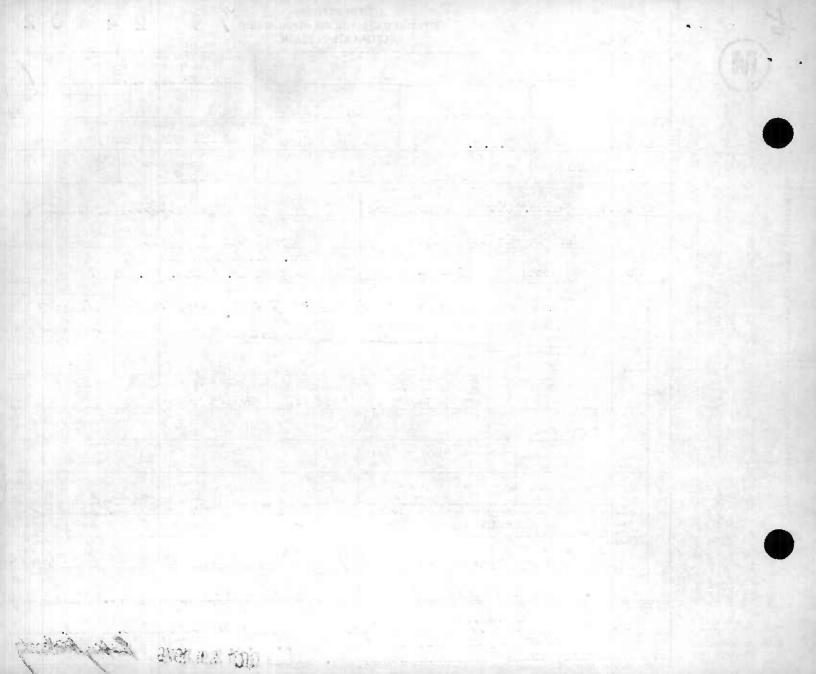
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

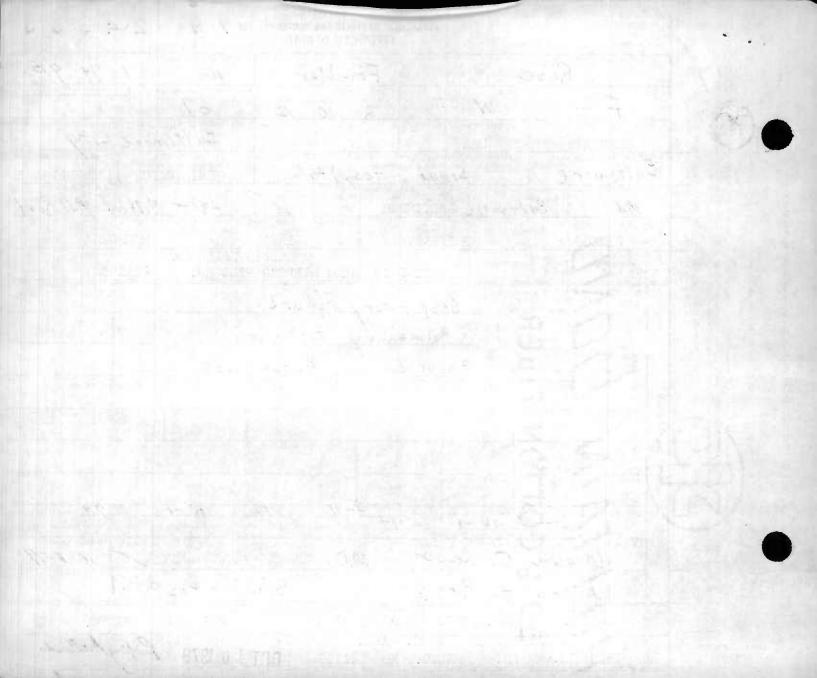
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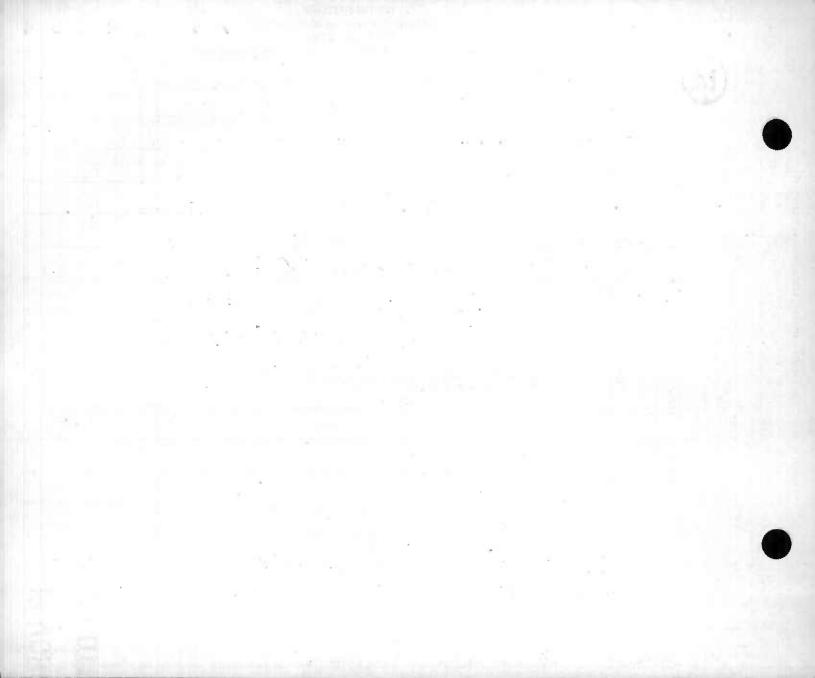
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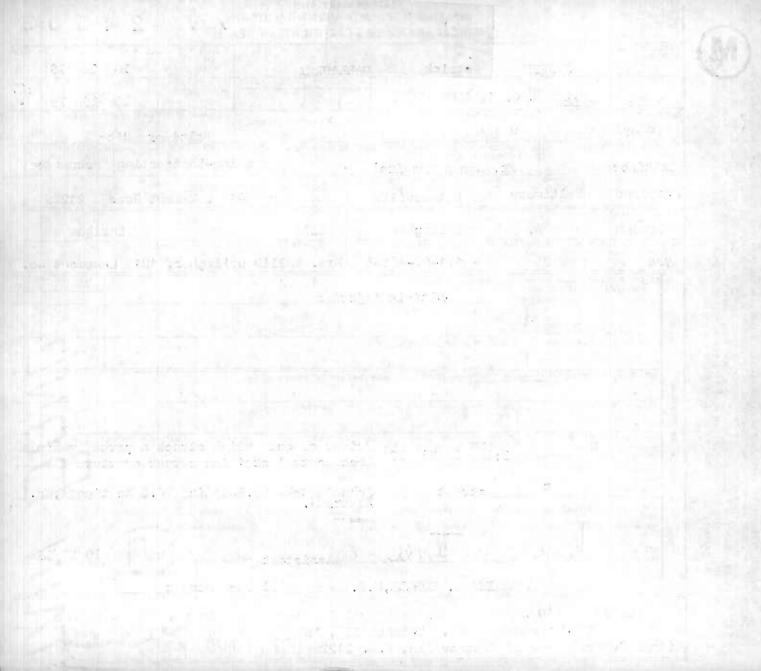


6		1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 5 0 2 CERTIFICATE OF DEATH			
(BAH)		REGISTRAR 1. DECEASED NAME FIRST		MIDDLE			DAY YEAR 25 HOUR
(IVI:)			E OR PRINT)	nce Marian	ac Manian		
ge 4 ector, rs offi		3. SE		14 RACE	RACE S DATE OF BIRTH		979 M IF UNDER 1 YEAR IF UNDER 24 HRS
			Female	White	May 1. 1889	90 YRS	MONTHS DAYS HOURS MIN.
Pood Hours	00	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		BALTIMORE CITY OR COUN	TY OF DEATH
n 72		Ma	ryland	U.S.A.	WIDOWENTED DIVORCED	Baltimore C	City, MD.
ofter d	Pod 1	10 CITY OR TOWN OF DEATH Baltimore		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sinai Hospital		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TO THE TRANSPORT OF WORKING LIFE)	
120 Durs in by	F ()	JUSU	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE B	FFORE ADMISSION1	Homemaker	
ND 2 24 hr alled	\$35		eryland Balte		OWN 13d. INSIDE CITY LIMITS?		le Avenue21207
YLA thin tely f	Sec		ATHER'S NAME	o. orry nowar	15 MOTHER'S MAIDEN!	NAME	LE AVENUE 21207
mAR omplet	00/		FIRST Tarthan	n Findley Wrigh	t George	gianna Kelle	LAST 2.1
RE, A	0		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANA	Sillian Dester	9
MOI and Poge	nedi		YES, NO OR UNKNOWN) (IF YES, GI	ne 215-05-		m Dr. Balto. Md.	21207
ALTI	the the	-	110.	only one couse per line forms, (b)	m 11 1	The Date Ma.	APTROXIMATE INTERVAL METWEEN CHOSE AND DEATH
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STON ST.	ric ev		4140	ATE CAUSE IN LICENSE	1 1 10 -	WHI CASSELL	1000
	E		Conditions, if any, which	DUE TO, OR AS A FONSE	the Annelle	nuni	8 ans
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hat the by the bose rule.	athe		underlying cause last	DUE TO OR AS A CONSE	abeli (Lou	It Just	tyn
res t	y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO BEATH BUT NO PRELATED TO THE TE	RMINARDISE ASE OR GENERALINON O	SIVEN IN PART IN
RDS equi	io.	NO.		Jenero	dend asterio	Schooles	
aw aw remit.	any	14	IN DATE OF PPERATION	19b. CONDITION FOR WH	ICH CHERATION WAS PERFORMED	70s: AUTOPSYT 205 IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ALRI an. has t per t per		CERTIFICATION	none			YES NOTE	YES NO []
VIT. N.	8 9	8	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 21t. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 1:	8, PART 1 OR PART 2)
JOF SICIA ng p pertif	E /	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	LAID .	19		
DIVISION OF VIT NG PHYSICIAN: ottending physic offer this certificat of the buriel-trans th and Mental Hys	Top	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
offer han	rked	~	AT WORK NOT WHILE AT WORK		000	a od bi	- 5G
NDII or II or Use	E S			pital) attended the deceased fro	18-01	T to less ds	, 19, that (1) [lost
Spite	121			not view the body often death.	9, and that in (my) (arr) apinio	on death occurred on the date and h	our and from the causes stated
OR or house che	Fer		27b. SIGNATURE	000 /	DEGREE ATTENDING	ALEDICAL STAFF	221. DATE SIGNED
y th y th gal deto deto	=======================================		Dr. Tarl	I. Chamber	- ONN PHYSICIAN		10/26/79
SPI od b	ATA /		224 PHYSICIAN'S NAME (TYPE		27e ADDRESS		1 1
ro HOSP retained I TO FUNE should be	APORT		Dr. Earl	Chambers	1 100 We	st Coldspring	La 21210
80 25 = = 3	≤	230.	BURIAL, CREMATION, REMOVA	L 23b. DATE	3c. NAME OF CEMETERY OR CREMATOR		COUNTY STATE
BP			Burial	10/30/79	Woodlawn	Woodlawn Bal	to-MD.
DHMH - 16 50M 1/	76	24 F	UNERAL DIRECTOR Lori	ng Byers Fun	eral Director 350. D	ATE REC'D. BY REGISTRAR 256. REG	ISTOR'S SIGNATURE
(VR A 15 (4))		187	28 Liberty R	Road Randall	stown MD 21123	OCT 2 0 1979	Brederick to acrossed

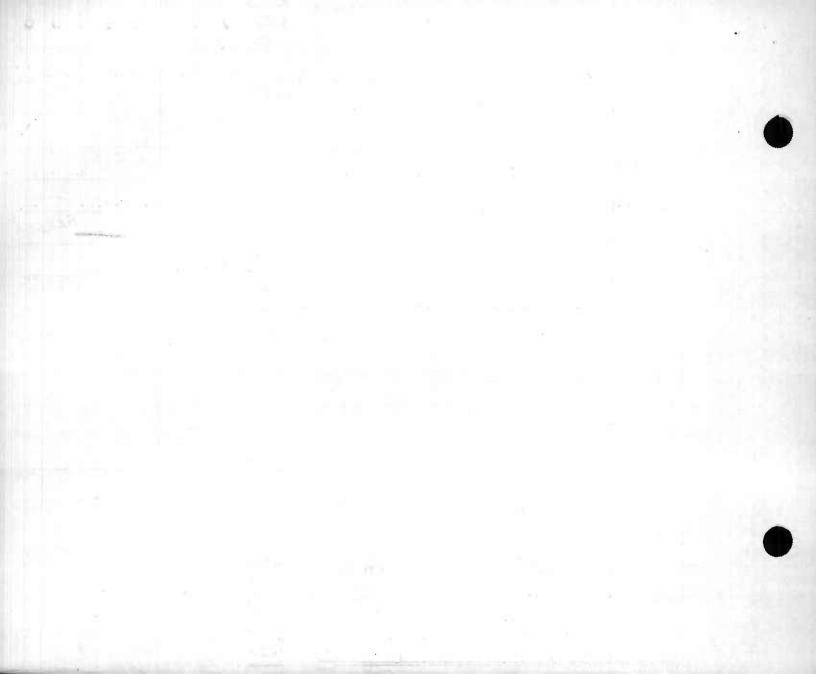


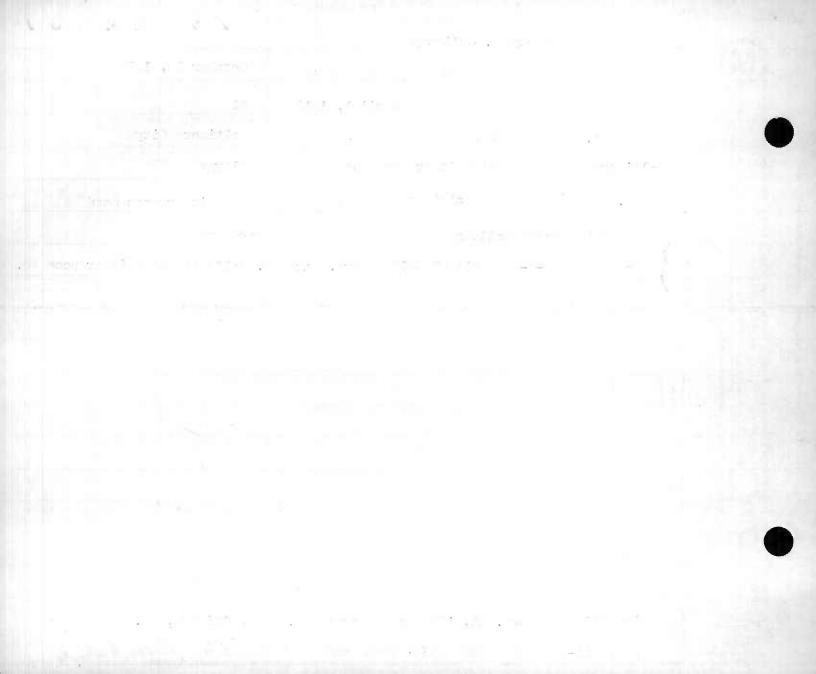


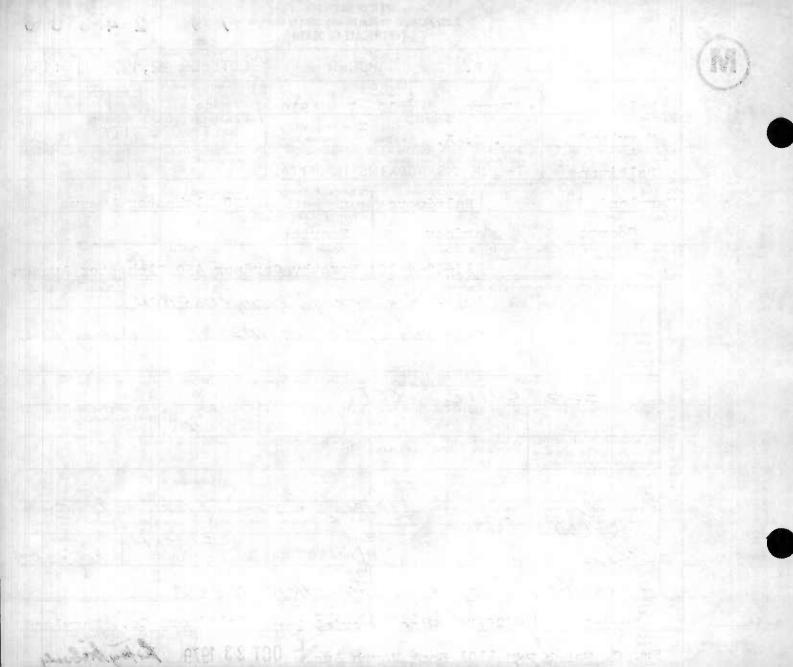


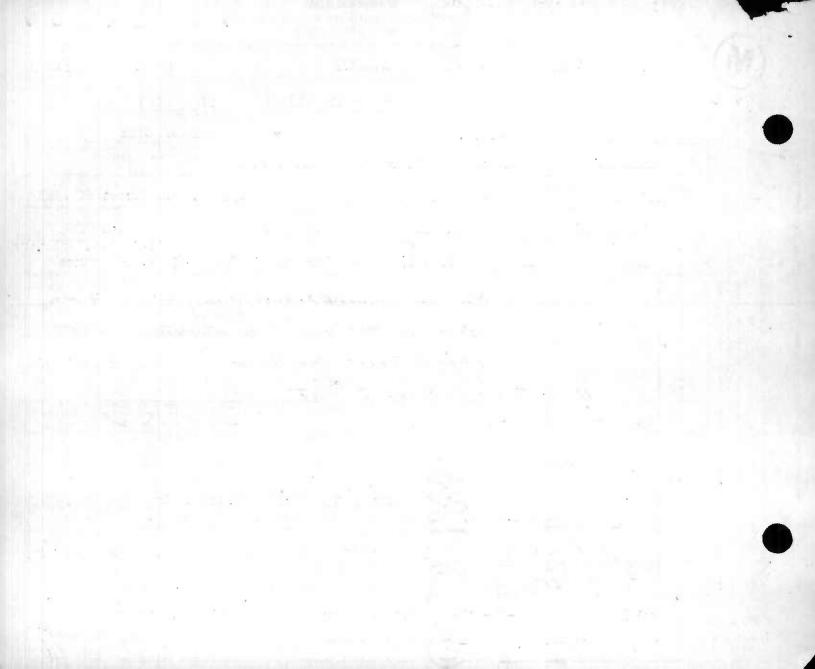


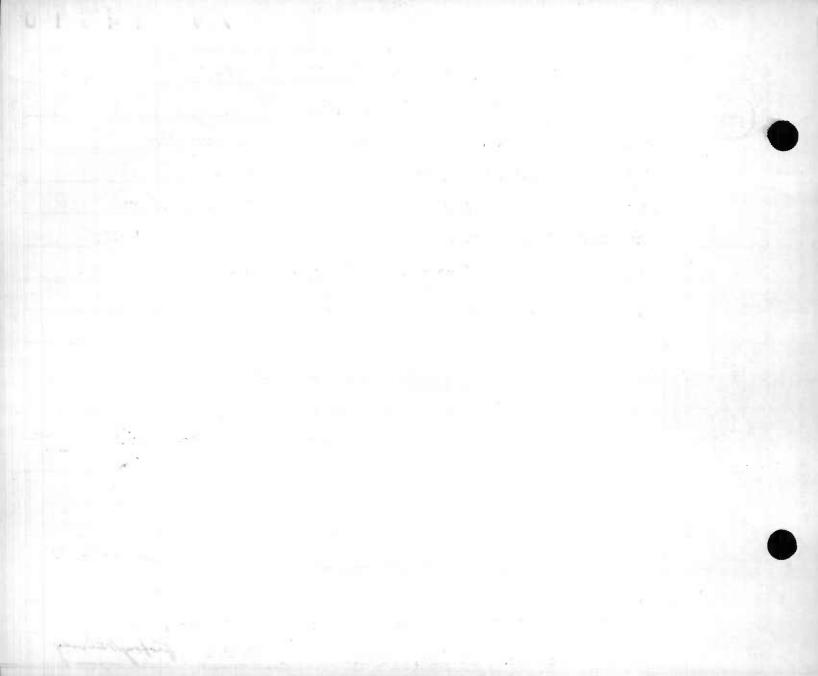
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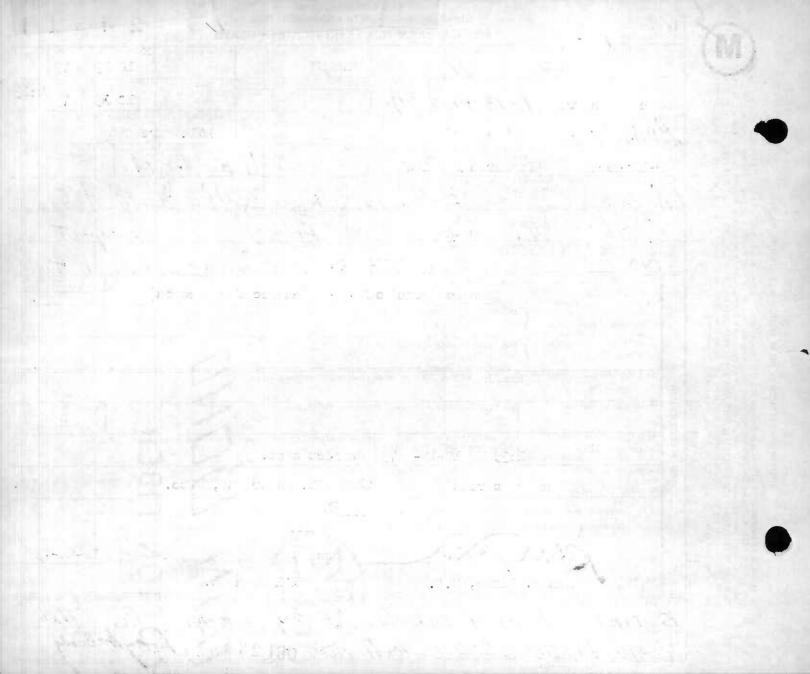








6.8	FOR		OF MARYLAND		
3	- STATE		EALTH AND MENTAL HYGIEN R'S CERTIFICATE OF DEA		45
-	REGISTRAR PIRST	MIDDLE	AST LAST	REG. NO.	
	TYPE OR PRINT) EART		GARRUS	20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 1	70 70
1	SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS			- //
		MONTH DAY YEAR LAST BIRTHDAY)		PRONOUNCED DEAD 10	19:1
70	male negro	7b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT	17 10
1	Ballo, Md.	115/1	MARRIED NEVER MARRIED	Baltimore Cit	
1	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutheran Hospital	7 F9R/	WAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
US	UAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORD ADMISSION)	har ware and har and	en poyer	1.
1/4	AFUIANC	PAlimon	YES NO 1 23	41 W. NON/1	Hue,
4	FATHER SNAME	CAPPIE LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
4	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166, SOCIAL SECURITY N	10. IT INFORMANT	DAVE	nport
1	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	o to Chalace	ADDRESS	1 L Ann
1	18. CAUSE OF DEATH (Enter of	13-60-86/3	S WIT, CAPTHES UP	Trus 2565 Heu	APPROXIMATE INTERV
	PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).) D BY: TE CAUSE (a) Gunshot wound o	f head (unspecif	ied weapon)	BETWEEN ONSET AND DE
	9 651/ IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	(withhouse		
	Conditions, if any, which				
	gave rise to immediate cause (a) stating the <u>under</u>				
1	lying cause last.	(6)			
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION GIVEN IN PART 1 (a).		
3					
NOTA DESTRUCTION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED?		20 AUTOPSY?
1 8					YES AO
21	LINDEDIVING XIOD	216. TIME OF INJURY HOUR AND MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER N	NATURE OF INJURY IN ITEM 18 PART 1 OR PA	RT 2)
MEDICA	CONTRIBUTING CAUSE OF	DEATH : 35 P.M. 10-19- 19 79	Subject shot.	ч	
1 1	21d. INJURY OCCURRED WHILE NOT WHILE		21f. LOCATION	T CITY OF TOWNE CO	UNTY ST
1	WHILE NOT WHILE	street	2400 Blk. Baker S	r., RgTro.	
	22e. I certify that I taak char	ge af the remains described abave, held an	Autapsy XX, Inspection .	Inquiry , and in my ap	oinian
	death resulted fram; Natu	ral causes , Accident , Suicid	17	ermined manner,	
	ACTUAL A		TITLE (SPECIFY)		
-	SIGNATURE	N / V		ICAL EXAMINER SIGNE	10-20-79
2	EXAMINER'S NAME A SAME	W Divon M D	lll Penn	C+	
-		M. Dixon, M.D.	AUDRESS	DU•	
230	BUPIAL, CREMATION, REMOVAL	13b. DATE 23c. PAME OF CEMET	TERY OR CHEMATORY	ATION / Pur	VITY STIPLE
24	EUNERAL DIRECTOR	10-5+ 17 17100/03	2 / PM - PATE DEC'D BY	PEGISTRAD 1354 DE DISTRADIS	MATMOE
1	NAME OF THE LOW	ADDRESS A L. Ala.	The Ace not 23	REGISTRAR 25b. REGISTRAR'S S	Chrody
1~	CASEPI) NI NU	00 ddd210,110M	11/100 00 23	1979 hoping	1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 5 DATE OF BIRTH 3. SEX AGE LIN YEARS LAST BIRTHOAY IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS NEGRO BALTIMORE CITY OR COUNTY OF DEATH Za. BIRTHPLACE STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DALTIMORE HOLDITA USUAL RESIDÊNCE (1E NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 134_CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) NONF 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY CARPIAC IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF MEMBRANE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF YES [NO E 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the decepsed alive on the bady after death and that in (my) (our) opinion death occurred an the date and have and from the causes stated DIREC 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS CIAN'S NAME (TYPE OR PRINT IMPORT/ 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Co., Md. King Mem. Pk. 10/4/79 Burial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) 1101 E. North Ave. Wm C. March F/H

10 miles | TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

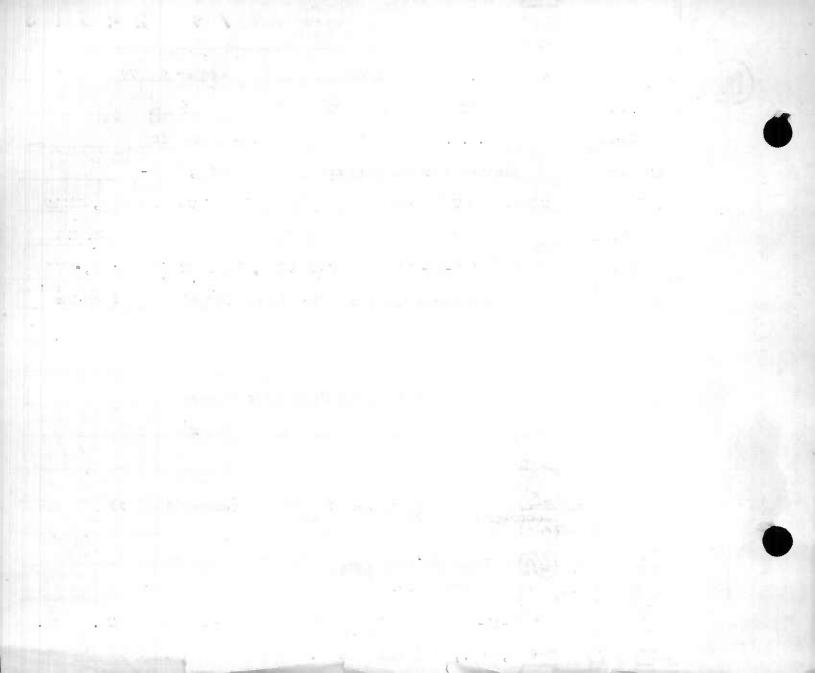
	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	NE 7	9 REG. I	NO	2	4	5	10	3
MIDDLE	LAST	2a DATE O			DAY	YEAR	2 b	HOUR	-
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0	1	FOR STATE REGISTRAR			DEPAI		EALTH AND M ICATE OF D		IENE / Y	2	4 5	10.
		CEASED NAME	FIRST		MIDDLE	ı	AST				DAY YEAR	2b. HOUR
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	3 SE			RACE		S. DATE C	F BIRTH		AGE IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HE
		MALE		W	HITE	09	13	96	83	YRS	MONTHS DAYS	HOURS MIN
5 11		IRTHPLACE (STATE OR FOR	EIGN 71		WHAT COUNTR	Y2 1			I BALTIMORE CITY O		OF DEATH	
56		MARYLAND		. U	.S.A.	WIDOWE	D NEVER M	ORCED	Baltimore	Citu		
7		ITY OR TOWN OF DEAT	н ј	NAME OF	HOSPITAL, NUR	SING HOME C			120 USUAL OCCUPATI	ON		OF BUSINESS
18	P.	altimore	1		and Gen		nsnital		MANAGER.		E) INDUSTRY	
2	USU	AL RESIDENCE HE NURSIN		THER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)			13e STREET ADDRESS		₹	
5			BALTI		CATONS		13d. INSIDE CIT	Y LIMITS?	609 NORTH	REND	ROAD	21229
4		ATHER'S NAME	Divide	1101(1)	01110110	A TITH	15. MOTHER'S			DILLID	ItOIID,	21227
3/		LEWIS	MI	DDLE	GAVE	9		INNIE	MIDDLE		SCHE	OYER
1	160.	WAS DECEASED EVER IN	VU.S. ARM	ED FORCES?	166 SOCIAL SE		17 INFORMAN		ADDRE	SS	DOILL	OIBK
2			IF YES, GIVE W	VAR OR DATES)	212-10-				R, 609 NORT	U DEMI	DOAD	21220
							SUTKEE	I GAVE	R, 609 NORI	U DENI		
		18 CAUSE OF DEATH PART I. DEATH WA						1 2	7 755			MATE INTERVAL ONSET AND DEAT
		11 1	MMEDIATE	CAUSE (a)AC	denocaro	inoma.	Lung Wit	n Pleu	ral Effusio	on	2 mo1	ntns
		1629		DUE TO, O	R AS A CONSEC	DUENCE OF						
		Conditions, if any, gove rise to imme		(b)								
		couse 101, stating underlying cause	the	DUE TO, O	R AS A CONSEC	DUENCE OF						
				((c)								
	,	PART 2 OTHER SIGNI	FICANT CO						INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0 1
	2								lar Disease			
1)	CERTIFICATION	190 DATE OF OPERATE	ON	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		, WERE FINDI	
1	E								YES NO		s 🗆	NO 🗌
G		21a, ACCIDENT WAS UNDE	The state of the s	21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, P	ART 1 OR PART 2)	
	3	(IF EITHER, NOTIFY MEDICAL		Р.		19						
	MEDICAL	21d INJURY OCCURRE		21R PLACE	OF INJURY	TE FARM FIC)	21f LOCATIO	7	CITY OF TOV	/N	COUNTY	STATE
	2	AT WORK AT WORK	re 🗆			ce, i ram, eve j						
		220 I certify that (1)36	XXXXX	Kottended th	e deceased from	Septem	ber 27	. 1979	. to October			that (IKWW)
		saw the deceased above, (1) (WE) (di	alive on	ctober	9 19	79	nd that in (my) (XX opinian (death occurred on the do	te and hou	and from the	couses stated
-		226 SIGNATURE	N WIN MAN	view me body	offer death.		DEGREE		· · · · · · · · · · · · · · · · · · ·		22c. DATE	SIGNED
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7	1	224 PHYSICIAN'S NAM		PRINT)	7-1-0-0		22R ADDRESS		2 PARCON I PRINT			/
		Wilfred			d, Jr.,	M.D.	14		ye st	Beele		me
	23o	BURIAL, CREMATION, R	EMOVAL	23b. DATE	23	c NAME OF C	EMETERY OR CI	REMATORY	234 LOCATION CITY OF TOWN		COUNTY	STATE
		BURIAL		10-12	-79	DRUI	D RIDGE		PIKESVIL		BALTO.	MD.
		UNERAL DIRECTOR							REC'D BY REGISTRAR			

DHMH-16 20M (VRA 15, 4) 7/78

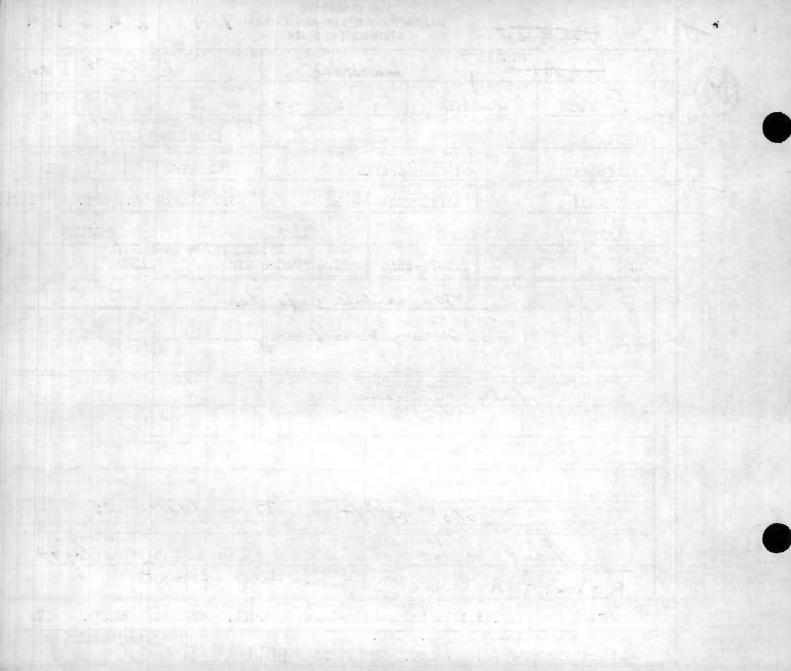
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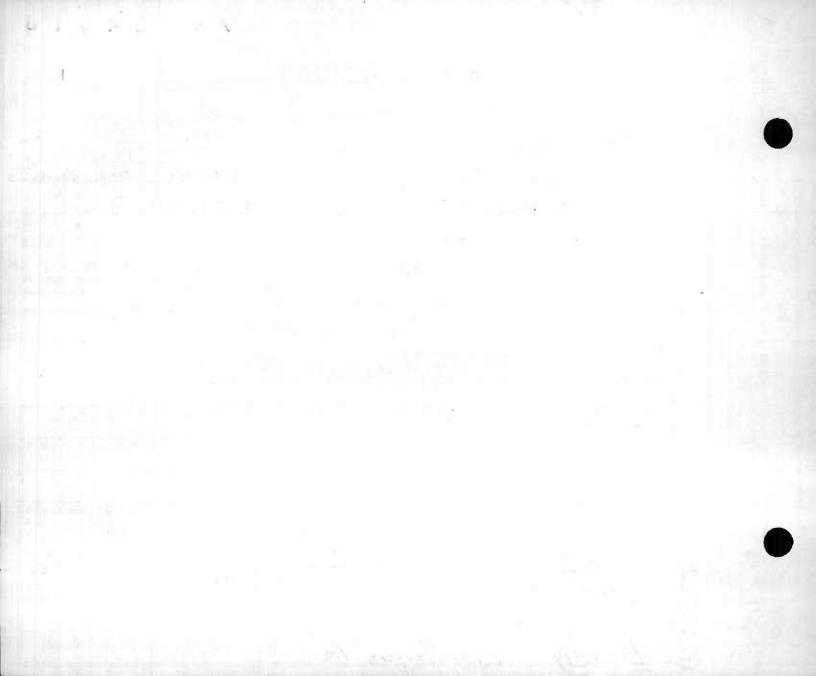
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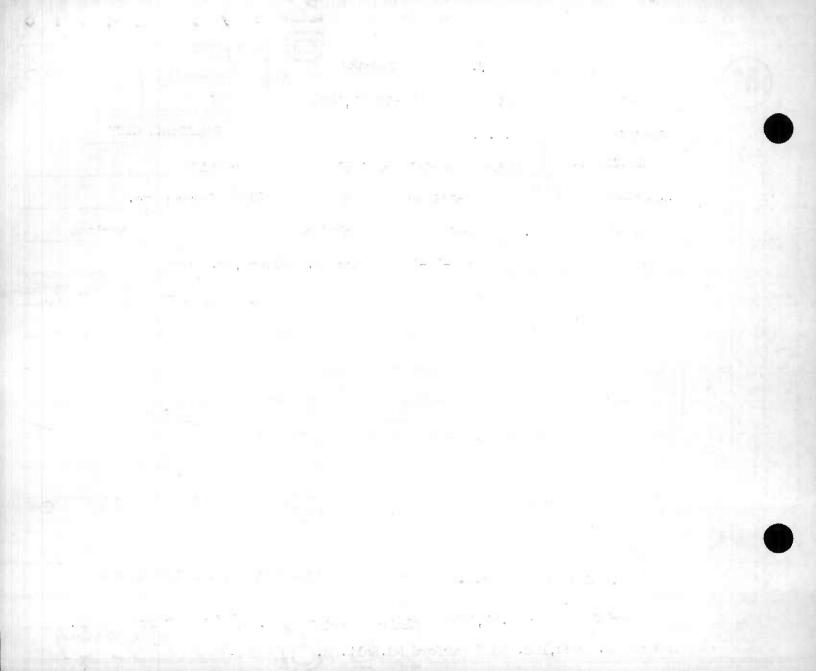
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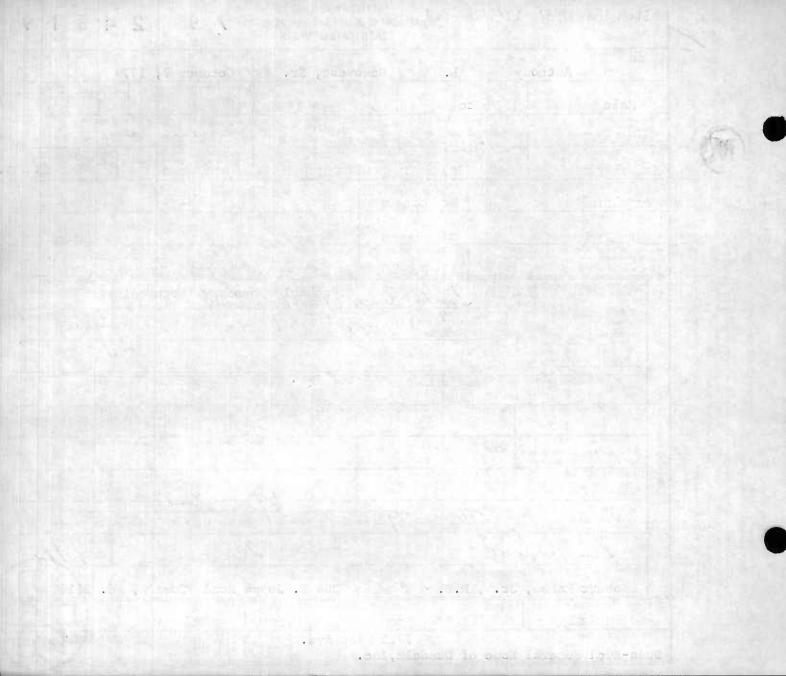
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH I. DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) 1979 October 27 Ima-20 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR White Female MONTH 1907 Baltimore City
Baltimore City To. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Baltimore 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Crawford Retreat (TYPE OF WORK FOR MOST OF WORKING LIFE) Unknown Unknown BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION STATE 13e STREET ADDRESS 2117 Denison Street 13d. INSIDE CITY LIMITS? Maryland Baltimore YES X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Unknown Unknown ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-70-1156 Crawford Retreat, same as #13 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), and (c.).)
PARTI, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF EN WIRING Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. 50 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES | NO [218. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ol-tr MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 20 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on ____ 79 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should be with the 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial GreenLawn Cemetery Cambridge. Dorchester 308 High St 250. DATE REC'D. BY REGISTRAR 256. MH-16 60M 1/73 Curran Funeral Home Cambridge, Md. (VR A 15 (4))

serviced 1 225% | Falthmore x 2777 Demisson Street 217- - 186 Chawford Patrest, raid as Min Turismin ot. 35, 79 Irotaliam fem ist Damielinessanas Substance Park Hilliam . The Hill after thicky and later the the

1	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 7 9	2 4 5	2 1
	1. DECEASED NAME FIRST (TYPE OR PRINT) FANNE	MIDDLE	61350×U-		ONTH DAY YEAR 10 20 79	1 P M
	1 SEX Female	RACE White 5.	DATE OF BIRTH MONTH DAY YEAR 11 27 04	6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER I YEAR MONTHS DAYS	BUNDER 24 HRS HOURS MIN.
)	Fil. BIRTHPLACE (STATE OR FOREIGN / 7%) COUNTRY) FIRM RY / A 4	11 6 //	MARRIED NEVER MARRIED	BALTIMORE CITY OR		MD.
1	BATTIMORE MD.		ressi expland thespital	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF W A 55 CM. 6 LY 6	WORKING LIFE) 175. KIND OF INDUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (# NURSING HOME OR OT 130 STATE 136 COUNTY BALTO, Md.		CE, YES NO 1		EY ST.	
1	14 FATHER'S NAME FIRST MID JOHN	MORA!	15 MOTHER'S MAIDEN NAM	MIDDLE	170	11/
	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATESI	17 INFORMANT 1590 MARRY GIBS	ON 709 /	MEVEYST. L	BAND ITAL
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last	0 - 1 1 - 1	acute MI			
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMI	200 AUTOPSY?	TION GIVEN IN PART 1(o 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (GS USED
201	On convenience Converge or or an	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	YES NO	YES IN ITEM 18, PART 1 OR PART 2}	но 🔯
	OR CUMINION IN CAUSE OF DEATH (IF EITHER, NOT#Y MEDICAL EXAMINER) 216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f LOCATION	CITY OR TOWN	COUNTY	STATE
	22a I certify that (1) (this hospital sow the deceased alive an obove, (1) (we) (did) (did not) v	10/20 19 7	9 , and that in (my) (our) opinion d	eath occurred on the date	e and hour and from the c	
	Wester B. 91	Hore 10-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		1 0/79 ·
	226 PHYSICIAN'S NAME ITYPE OR PE	D LOOBE K	11 12R ADDRESS	-1 ANT	11-1	0

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR should be detached for with the State Dept of IMPORTANT: H

230 BURIAL, CREMATION, REMOVAL

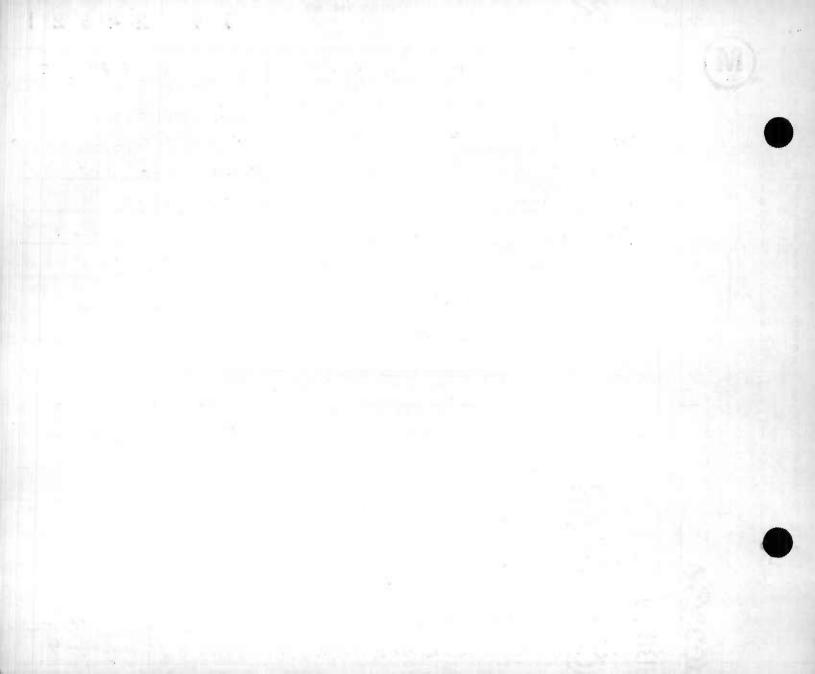
236. DATE

23t. NAME OF CEMETERY OR CREMATORY

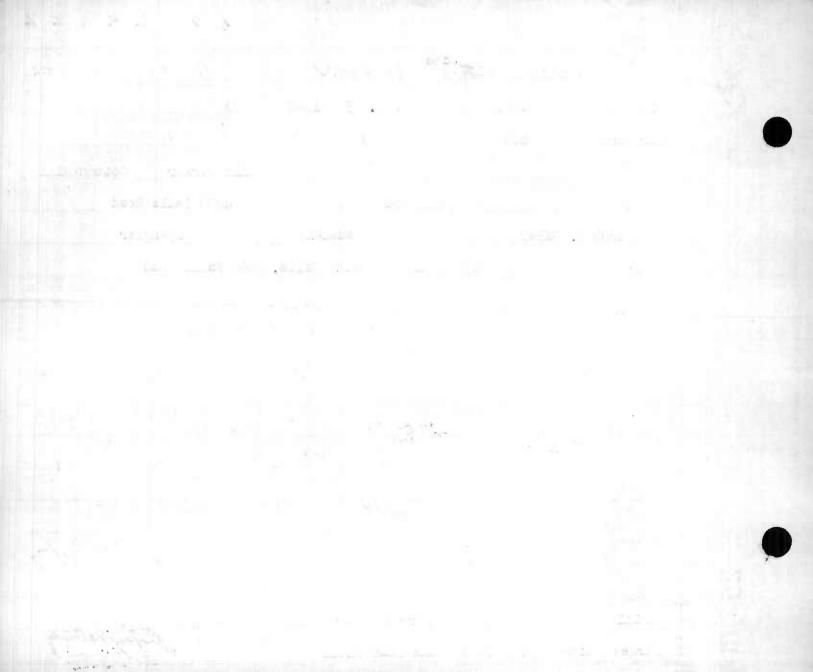
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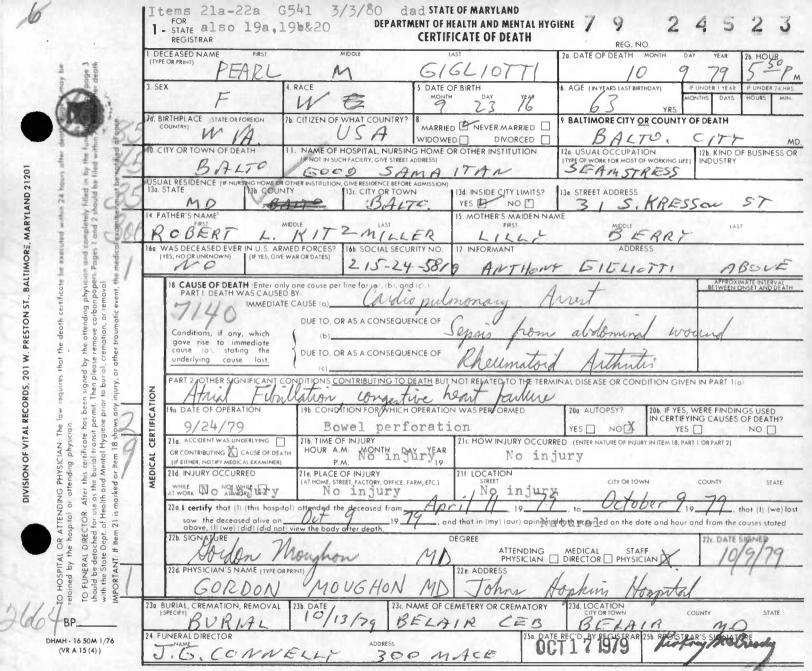
23d LOCATION CITY OF JOHN

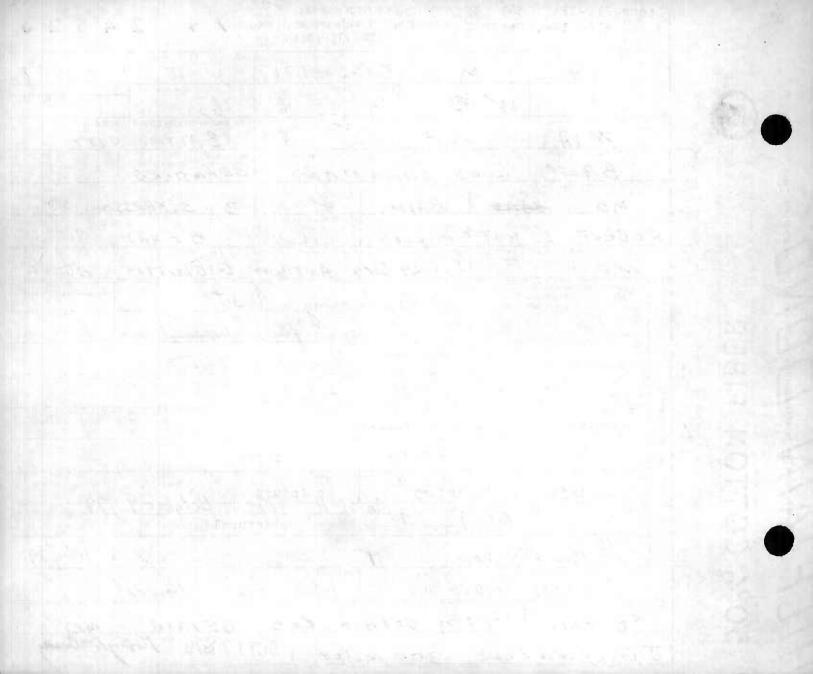
Glen Haven Memorial Park 24 FUNERAL DIRECTOR
CHARLES L, STEVENS FUNERAL HOME, FOL 1501E, FORTAVE,

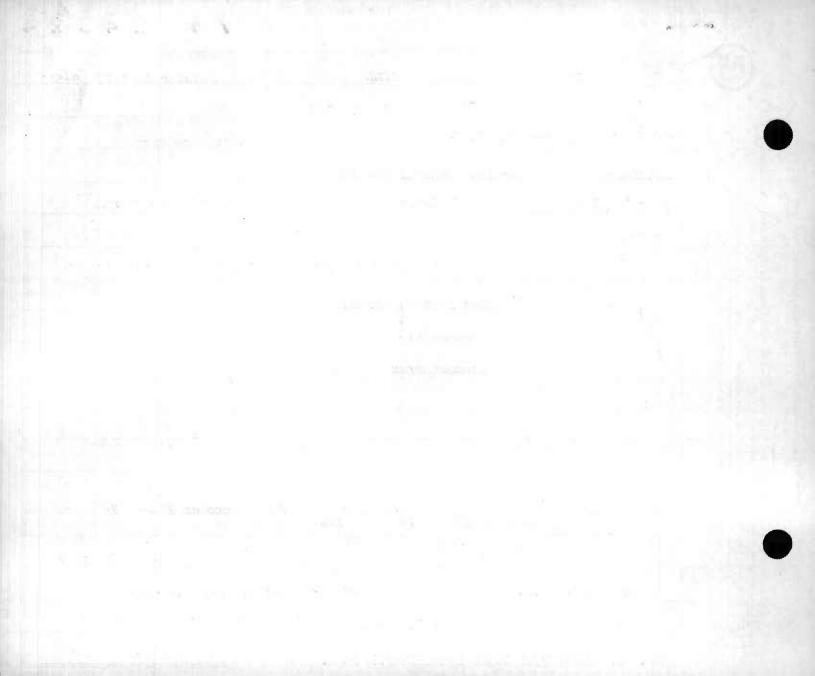


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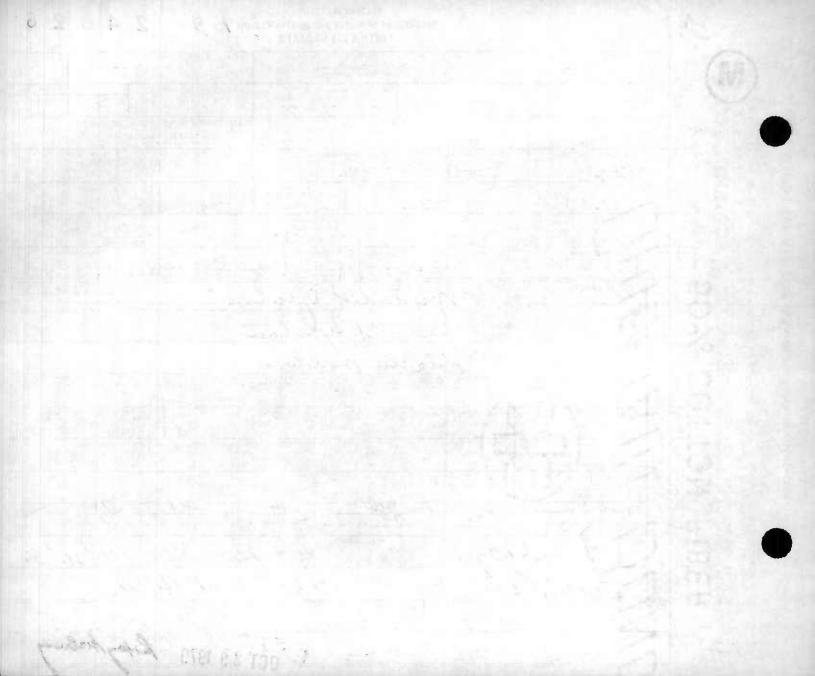
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7a. Bi	RTHPLACE (STATE OR FOREIGN		5. DATE (
C	RTHPLACE (STATE OF FOREIGN	D	MONTI	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY) IF UNIT	IDER I YEAR IF UNDER
	Va. TY OR TOWN OF DEATH	76 CITIZEN OF WHAT CO	MARRIE		Balt	YRS IY OR COUNTY OF D imore Cit	СУ
	Balto.	MENOT IN SUCH FACILITY O	GIVE STREET ADDRESS) IOMES & HO		12a USUAL OCCUI (TYPE OF WORK FOR MC		2b. KIND OF BUSINE NDUSTRY
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS?			
	George A	Hommond		Mabel	NAME	Harris	LAST
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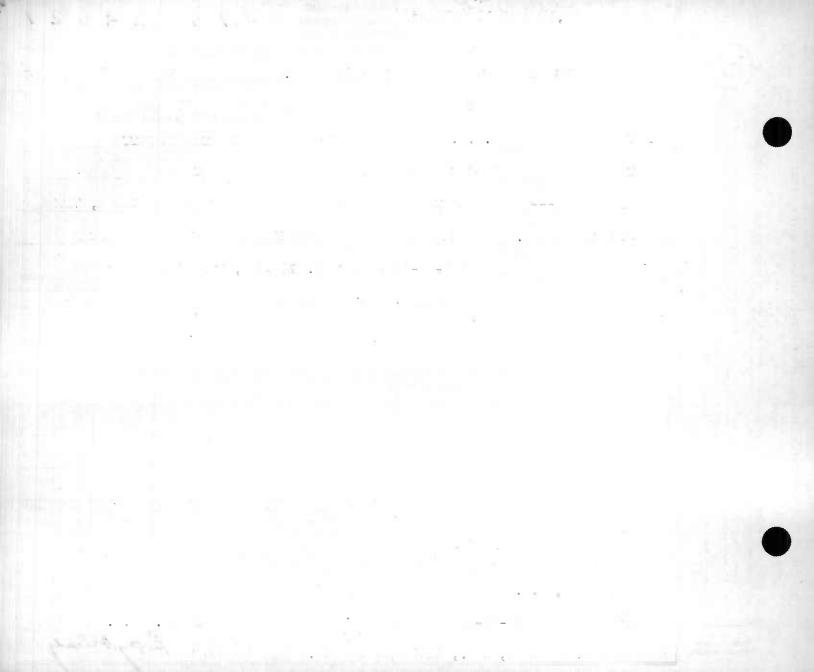


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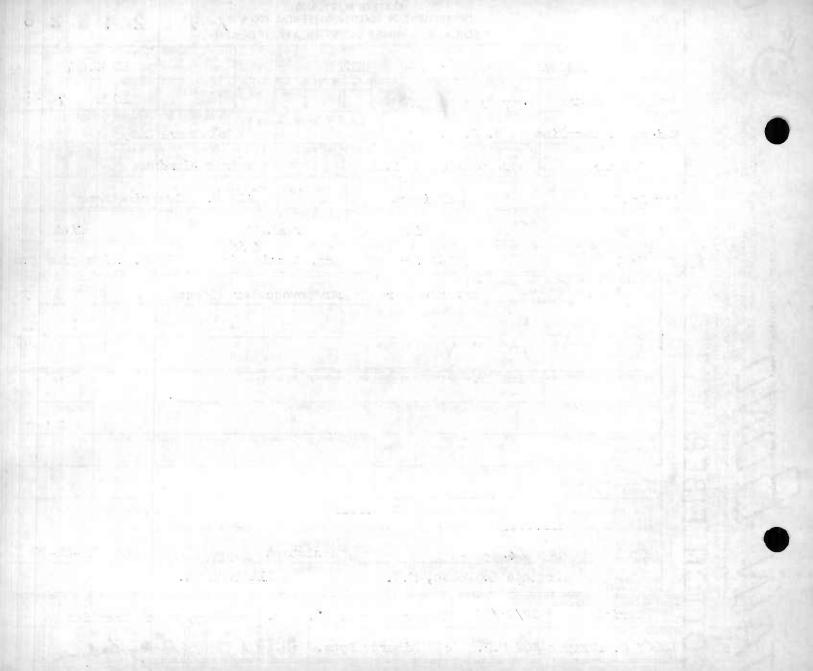
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TO HOSPITAL CA ATTENDING PHYSICIAN The I retained by the hospital or otherding physician.

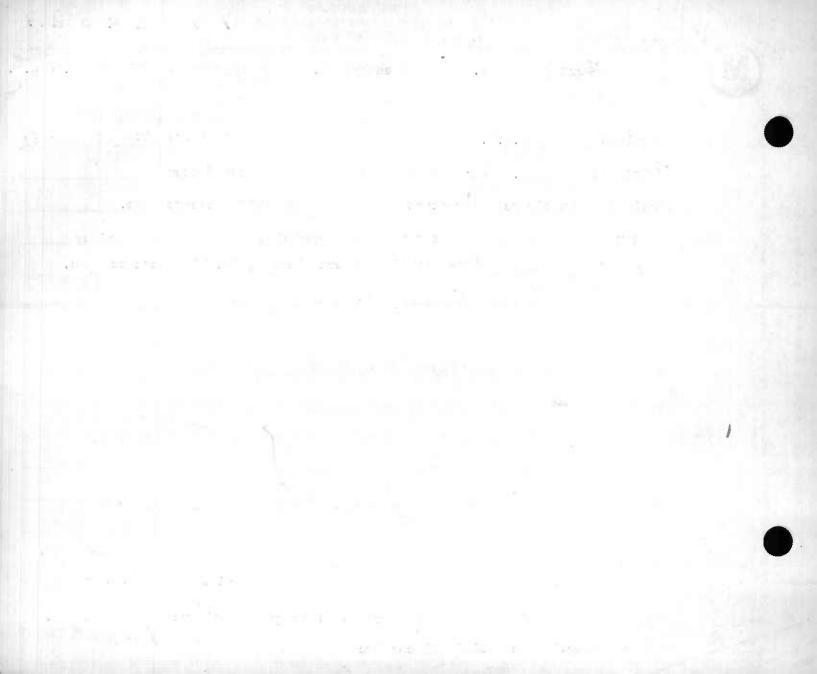
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22a I certify that (I) (this haspital) attended the deceased from 1979, and that in (my) (and opinion death occurred on the date and hour and from the causes st	
Sold the state of	rea
ATTENDING & MEDICAL STAFF	29
The ADDRESS	/
HARRY KNIPP, M.D. 5411 OLD FREDERICK ROAD 2/229	
1230 BURIAL CREMATION REMOVAL 1236 DATE 1237 NAME OF CREMATORY 1236 LOCATION	
BP BURIAL 10-11-79 CEDAR HILL BROOKLYN PK. A.A. MARYL	
24 FUNERAL DIRECTOR 2129 DATE REC'D. BY REGISTRAR 258 HE STRAR 5 5 MANUAL PROPERTY OF THE PROP	
OHMH-16 20M (VRA 15, 4)7/78 HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE. OCT 11 1979	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN IX MONTH DAY (TYPE OR PRINT) ESTI-L. ROBERT GIST 10 79 DEATH MATED WITHIN 72 HOUR 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 9,37 RE YOUR male negro DEAD JULY 21,1926 53 YRS 0 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED 5 FOR FOREIGN COUNTRY Union, S. Carolina U. S. A. Baltimore City WIDOWED DIVORCED E FILED, V ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE)
Kaiser Aluminum Baltimore St. Agnes Hospital SHOULD BE RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 21201 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maruland YESX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PM Isabelle MIDDLE MIDDLE Gist FIRST AND Thomas Gist OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS DIVISION (YES, NO, OR UNKNOWN) 251-28-9402 Mrs. Lethia Gist 816 E. Coldspring Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a). CERTIFICATION USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Inquiry DIRECTO Accident Suicide Hamicide death resulted fram: Undetermined manner TITLE (SPECIFY) 10-22-79 Assistant DATE PAGE 4 SHOU AFTER DEATH, BALTIMORE, MA SIGNATURI MEDICAL EXAMINER Virginia L. Dolan, M.D. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT ADDRESS 13d LOCATION COUNTY GAFfney, South Carolina 23r. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 10/26/79 Thompson Bapt. Ch. Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** LEROY O. DYETT & SON F.H. VR A15 ME (5) 4600 Liberty Hats. 30M 7/73

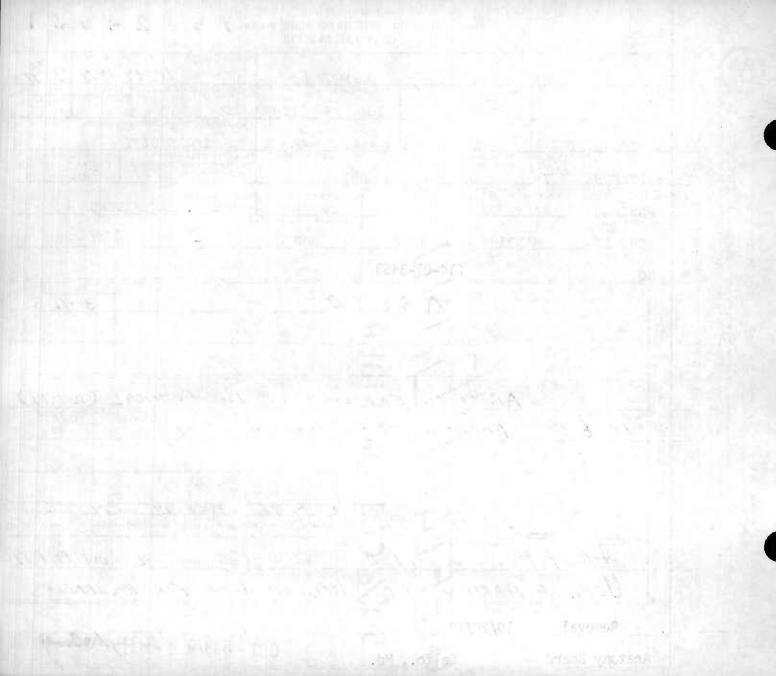


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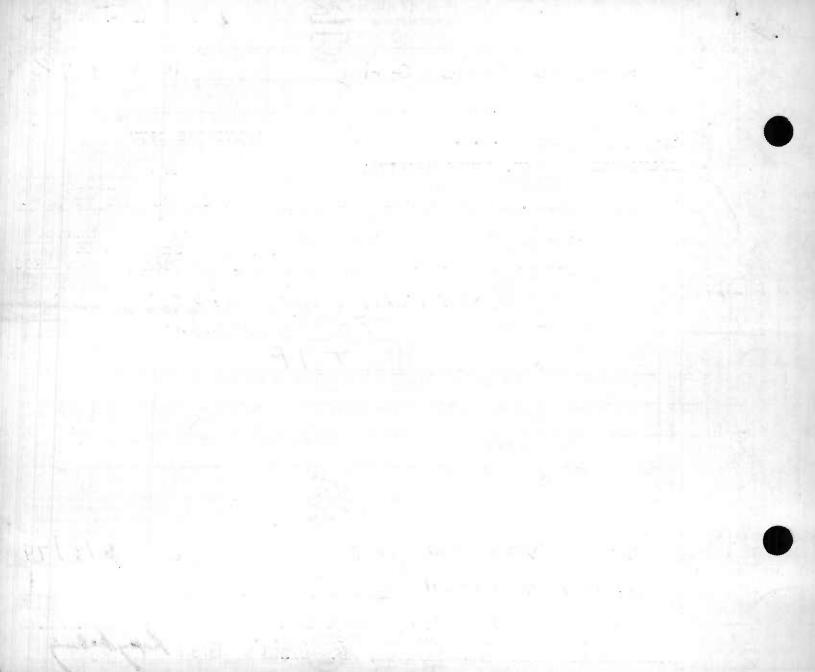
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(VR A 15 (4))		Anatomy Board	Balto.	Md.	ACI # 91	218	/	1	

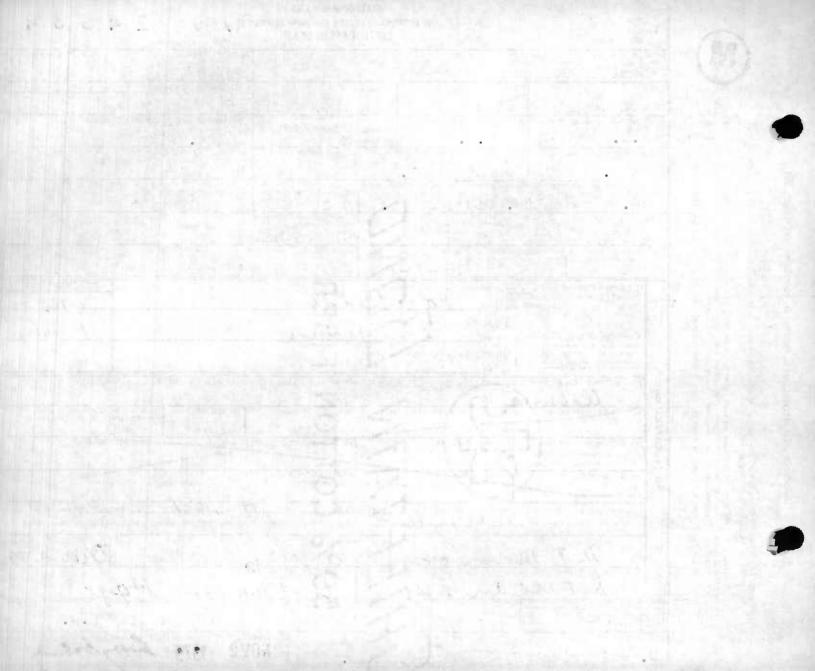


STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-DEATH MATED **JESSE** F UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED male black 7-10-38 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IISA Baltimore City Virginia CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 2878 Harford Road Baltimore maintance USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Baltimore, Marylar 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 2833 Hillen Rd. M.D. Baltimore 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Thomas Goings Gwvnn Genevieve 6b. SOCIAL SECURITY NO 17. INFORMANT 620 Condon ATETT. S.E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Rushell Martin (Aunt) Wash, D.C. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty liver IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUETO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) FICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X E DEPARTMENT (PRIOR JO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 220. I certify that I taak charge of the remains described above, held an Inspection and in my opinian Hamicide Undetermined manner Natural causes X TITLE (SPECIFY) ACTUAL Assistant 10/4/79 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION REMOVAL 23b. DATE (SPECIFY) Suitland, Maryland Buria] Lincoln Mem. Cemete 24. FUNERAL DIRECTOR **DHMH-17** Johnson & Jenkins 716 Kennedy St, N.W. (VR A15 ME (5)) 15M 7/76

VIX SANTACHE SE LA HERMAN SECONO aonsin fam e Bal timore, Doitelan Raltimore x 2833 Hillen Md. .5.% Contract Contract Care Contract E.E. 224-52-7813 Nuchell Mertin (Aunt) mach, 1.0. en de la companya de Similal 10/0/99 Timocla New. Cometary Suitland, Maryland



	1,	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 7 9	2 4 5 3 4
(-)	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
(INA)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	
		Lucille Good	е		10/30/79	M
1 1	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	
ge 4 ector		r'emale	Black	5 11 191	1 68	MONTHS DAYS HOURS MIN
Po Por		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
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the fu	1	BLto.	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR INDUSTRY
ours of the falle			600 Light St		housewif	e
MARYLAND 2120 ied within 24 hours mpletely filled in b and 2 should be fill ekomiger flust be p	13e. S	AL RESIDENCE (IF NORSING HOME OF STATE 136 COURS Bal-	NTY 13c CITY OR TO	WN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 600 Light	t S t
withir withir day of a sh	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
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. 5 0	/ 160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		ADDRE	SS
O × o o o	()	res, no or unknown) (IF yes, Giv	213-82	-2862 Juli - MaD	aniels Daus	chton
₽ 0 0 v e					TILET'S DYM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), o	Ada D. E.		BETWEEN ONSET AND DEATH
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2 500. 5		1887	DUE TO, OR AS A CONSEO			1-2 000
RESTO e deatl move a nation, trauma		Conditions, if any, which gave rise to immediate	(b) /Cer	al taillie		1-2/11/10
the the remover the		couse (0), stating the	DUE TO, OR AS A CONSEQ	JENCE OF		
ol W. P		underlying couse lost.	(tc)			
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RDS, 3 requires n signe Then p in to bu	0 Z	arene	ia			
law re	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL RI The lo ician.	Ě				YES NO	YES NO
DF VITAL RE CLAN: The lo physician. Trificate has il-transit per tal Hygiene I m 18 shaws.	1 %	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF HADUR	YNTHEM 18, PART OR PART 2]
N OF VI		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
DIVISION OF VITAL RECORDS, OF PHYSICIAN: The law requirent this certificate has been signs the buriel-transt permit. Ther hand Mental Hygiene prior to backed or them 18 shows any injur	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
IVISIOI G PHY attendii er this s the bu and M	A	WHILE NOT WHILE	AP HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOW	COUNTY
DIVIS IDING PI ar after the se as the ealth and			to be an elected at the late.	June 19	79 ach	761111
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ATT ATT OF		obove, (I) (we) (did) (did no	ot) view the body offer death.		a death occarred on the de	
on he		226. SIGNATURE	12	DEGREE ATTENDING	MEDICAL STAF	221 DATE SIGNED
		11/1	unay NB	PHYSICIAN	DIRECTOR PHYSIC	
SPI bed bed be She She She She She She She She She Sh		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		11
TO HOSPITAL TO FUNERAL should be det with the Stote		MIM	oran Nu	4.07	hayland	14BD.
V U V 6 5 5 4 3 8-	23a. I	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		COUNTY OF STATE
101	(Burial	11/4/79 V	alentine Cemete	ry Besseme	r City N.C. STATE
DHMH-16 60M 1/73	24 F	UNERAL DIRECTOR	11/5/			256. REGITRAR'S SIGNATURE
(VR A 15 (4))	C	- Wainwright	2700 Edmonds	on Arra	10V2 1979	proppy Ma Breaky
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HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

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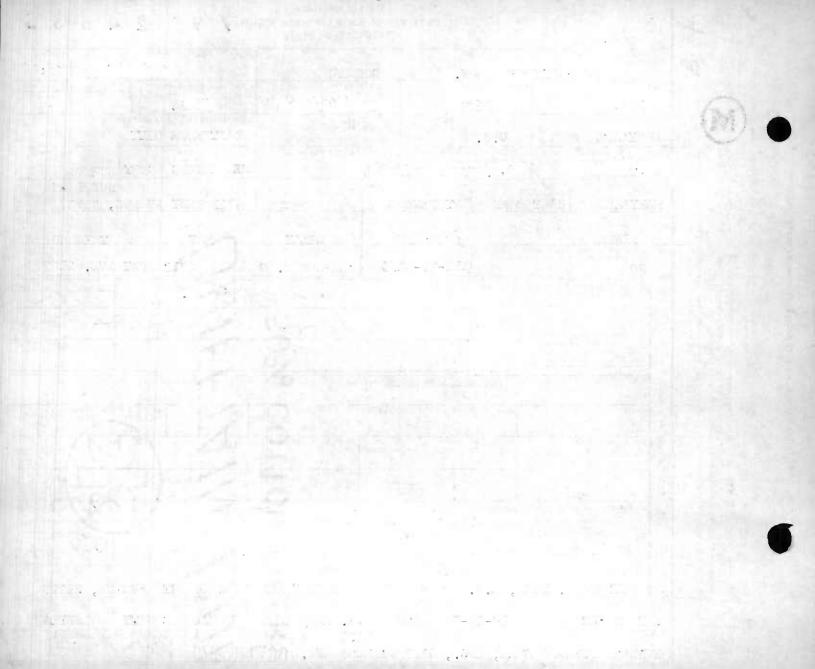
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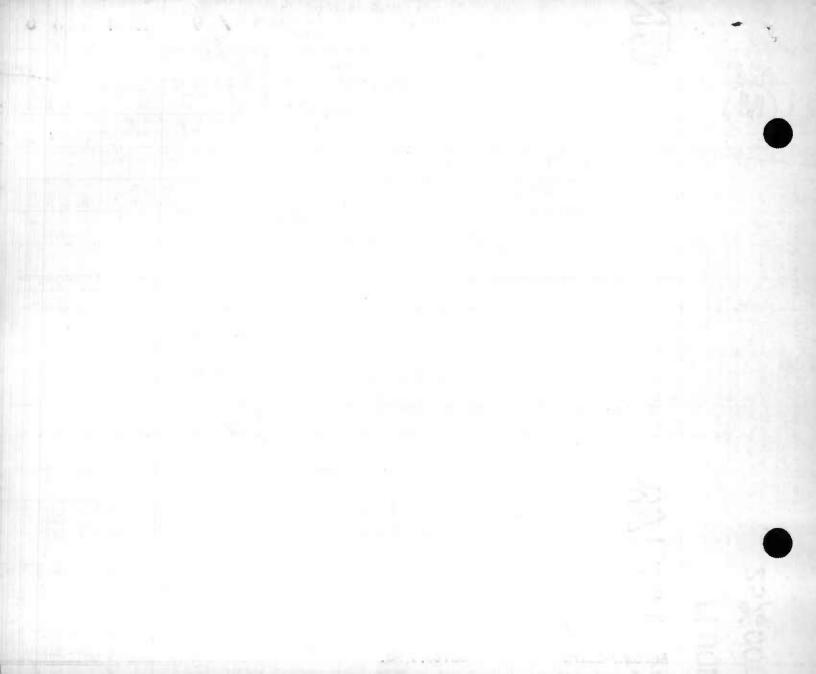
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

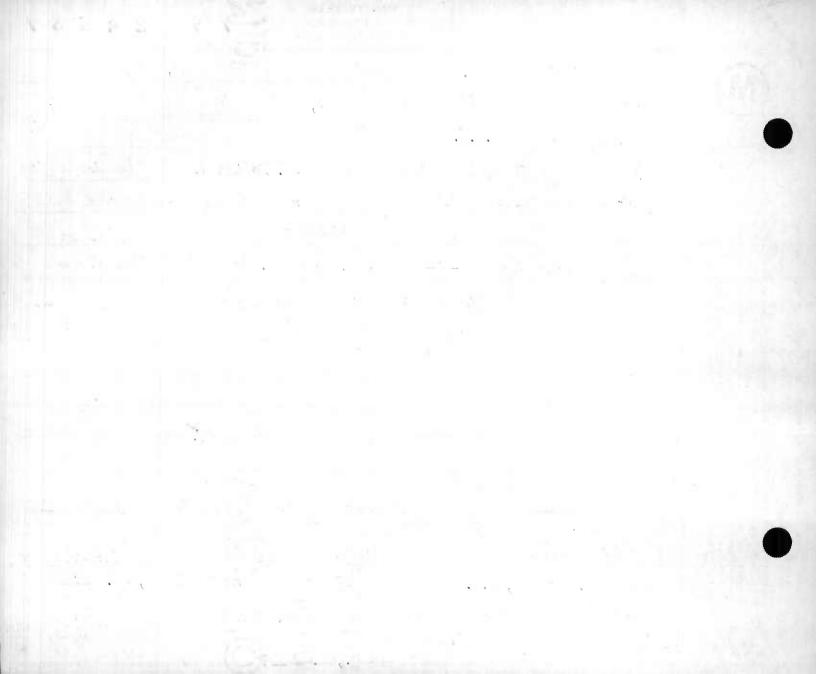
CERTIFICATE OF DEATH

REG NO

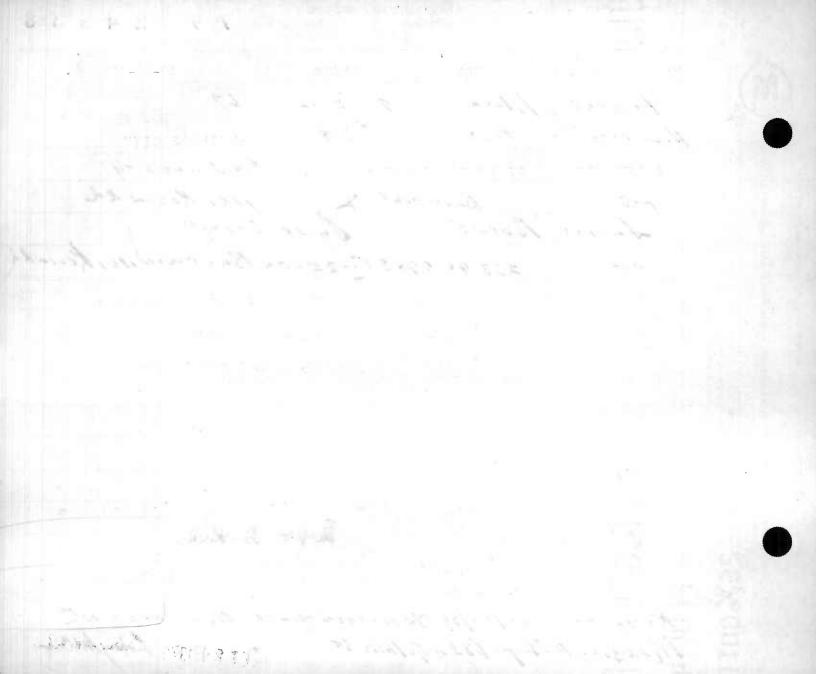


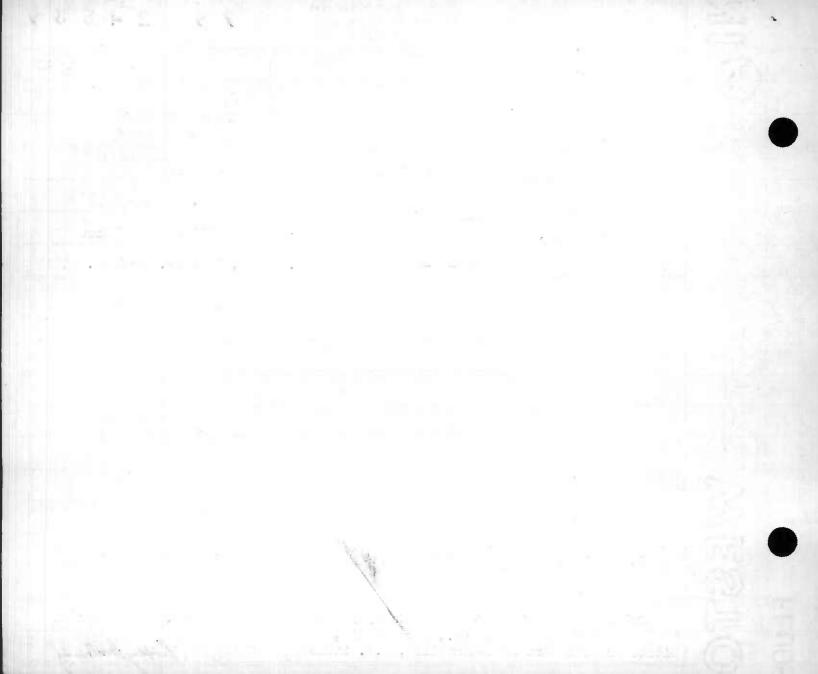


STATE OF MARYLAND

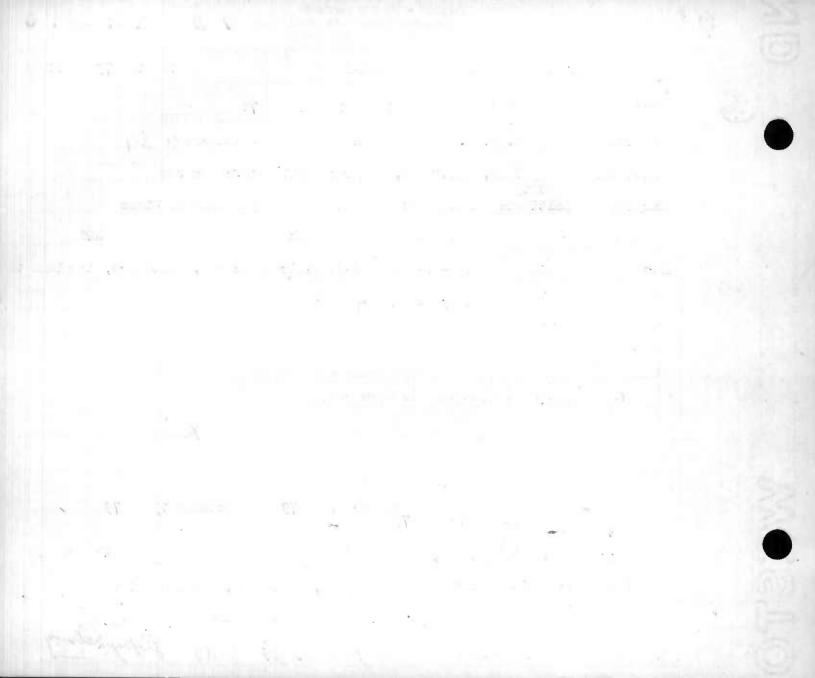


Jun 12	1.	FOR dad STATE REGISTRAR		AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 4 5 3 8
		CEASED NAME FIRST Louise	Jane	Graham	2ª DATE OF DEATH MONTH	26-79 4.40P
	3. SE	fragaes,	Black	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 12 to 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1/2	IRTHPLACE (STATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
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filled in hould be	13a. S	STATE 31 COU	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13, DITY OR TOW	YES NO [13. STREET ADDRESS & U.	w Roll
ompletely ond 2 st experime	14. FA	THER'S NAME	MDDS BON 5 LAST	15 MOTHER MAIDEN N.	Canindos.	LAST
n and co		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU /E WAR OR OATES) 238 40 0	RITY NO. 17 INFORMANT	A Barbara	Jelui Kedin
equires that the death certificate k is signed by the attending physicia Then please remove carbon papers to burial, cremation, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	le pulmonai	up fracture	2 weeks 1 month 2 months
nos bee permit ne prior ws ony	CERTIFICATION	130 PATE OF OPERATION 8/30/79 9/21/7		OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: The physicion of physicion certificate in c		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH 7 DA	79 YEAR Fall	RRED (ENTER NATURE OF INJURY IN ITEM)	B, PART I OR PART 2)
OING PHYSICIA or ottending p After this certifice os the buriol- olith and Mentol marked or ttem	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, F UNKNOWN TO ME	arm, etc.) 21f LOCATION STREET Unkno	own to merown	COUNTY STATE
TTEN TTEN TOR for us of He		226 SIGNATURE	A15 pm 6 26 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE - WOLLD ARP	to to the dote and he dote and he rover by the BYCMEDICAL EXAMENER DIRECTOR PHYSICIAN	
TO HOSPITAL Service or the hospital by the hospital DIRECTO FUNERAL DIRECTOR Should be detroched with the State Dept.	ac.		n MD. /S. Namn	Dept of S	urgery, St A	nes Hospital
OBP	1	BURIAL, CREMATION, REMOVAL	23b. DATE 23/29 23ch	A LIBREN YEM	PR HALLSON	O SUND N C STATE
DHMH-16 20M (VRA 15, 4) 7/78	7	MARE DIRECTOR	14m 6387 6	1/200 St 250. DA	TE REC'D. BY REGISTRAR 256. REGI	ST AR'S SIGNATURE

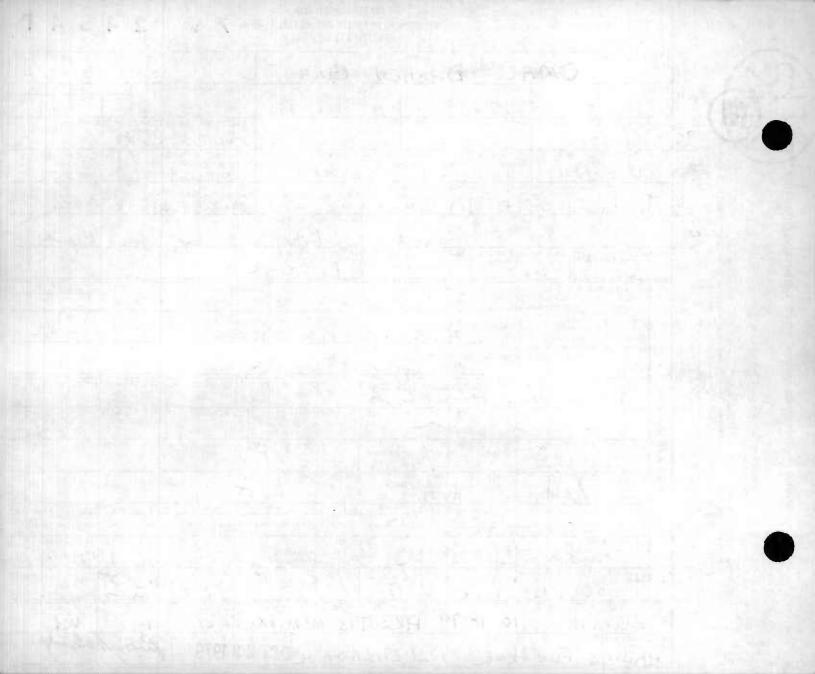




STATE OF MARYLAND

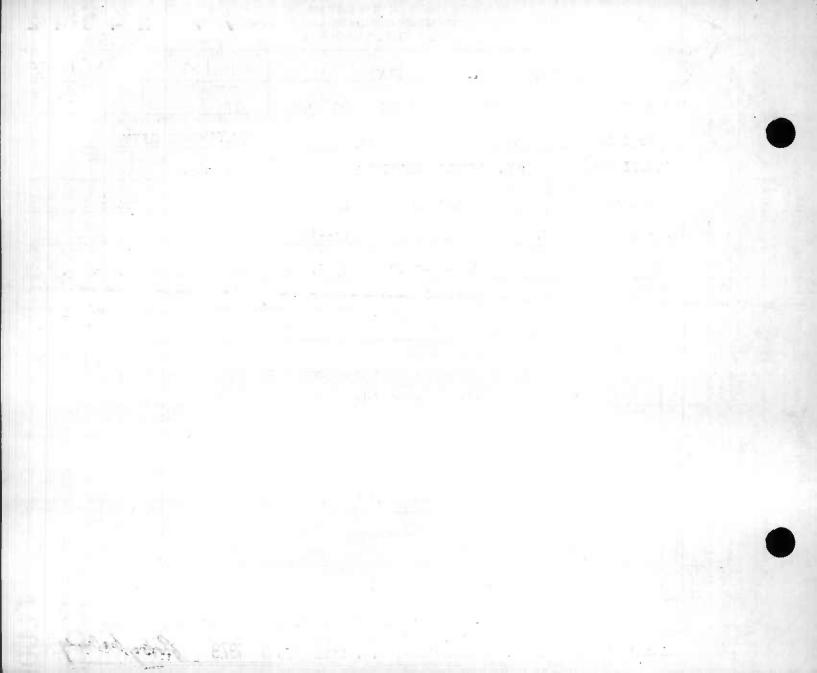


	1	STATE OF MARYLAND
	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 5 4 1 REGISTRAR CERTIFICATE OF DEATH
	1. DE	REG, NO. CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
9 E # 50 A	TYPE	OMAR DAMIEN GRANT 10 11 79 6:00 AM
(MA)	3. SE	Mule Black S. DATE OF BIRTH MONTH DAY YEAR OLD YEAR OLD YEAR OLD YEAR ON THE DAYS HOURS MIN
12/12/		RTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
事 計 かと	10.01	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 125 KIND OF BUSINESS OR
18 188 B8	Bo	ultimue (Ity (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INTEREST OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IN FAIRT
AND 21:	130 S	AL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1
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AORE, v	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
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ST., BAL		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brady Candla BETWEEN ONSET AND DEATH
No h ce		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) BITH AS DNV XIA - Sever
th the		gove rise to immediate couse (o), stating the DUETO, ORAS A CONSEQUENCE OF
0 + 7000		underlying couse lost (c) abruption l'acenta
	N.	PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ny in it.	ATIC	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
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DIVISION OF VITAL NG PHYSICIAN: The ottending physicron fifer this certificote h os the buriol-tronsit p. th and Mental Hygier orked or item 18 shoot	- 1	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR PART 1 OR PART 2) OR CONTRIBUTING Auge of death (IP EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21c. HOW INJURY OCCUPTED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
PHYSI tending this ce in the buried or literation.	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STORET
3 0 4 4 0 E		WHILE AT WORK 1 10 10 11 10 10 10 10 10 10 10 10 10 1
2 9 9 1		sow the deceased alive an 1911 1925, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
TAL OR AT y the hosp RAL DIREC detoched detoched tote Dept		DEGREE ATTENDING MEDICAL STAFF 10 10 10 10 10 10 10 10 10 10 10 10 10
SPITAL L by derail by derail be de de de Stort		22d. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN 22
TO HOSPITAL Cretoined by the TO FUNERAL Bhould be detoo with the Storie LIMPORTANT: If		linda liberige Min. 12 South responsable
1 Colors	230 B	JURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OF CREMATORY 231 LOCATION COUNTY DECEMBER OF COUNT
O O A BL	24 E1	BUTIAL 10-18-19 ARBUTUS MEM. PK. 13 A CTIMORE Md. JNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAN 250 DECISIRAN'S MALIE
DHMH - 16 50M 1/76 (VR A 15 (4))		NAME 1 OF THE REC D. ST REGISTRAN 250, REGISTRAN 25



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



	1.05	STATE REGISTRAR CEASED NAME FIRST	MIODLE	CERTIFICATE OF DEATH	REG. NO	
2	(TYPE	ORPRINT) Homas		Graves	2R. DATE OF DEATH	10 - \$ - 79 5
		YALE	NEgro	S DATE OF BIRTH MONTH DAY YEAR 8 16 94	6. AGE (IN YEARST BIRTI	HDAY) MUNDER I VEAR IF UNDER MONTHS DAYS HOURS
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by the led with			UE NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION THEET ADDRESS) NUTS'ING ITOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LOS DO RE R	WORKING LIFE) INDUSTRY
ild be fill	13r S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BI	TOWN, 134 INSIDE CITY LIMITS?	13R. STREET ADDRESS	
2 shou	14 FA	THER'S NAME FIRST MI	DDLE LAST	IS. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
Pages 1 and Comi	láa V	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIALS	GECURITY NO. A 17 INFORMANT 4-3608 PL Chart	ADDRE - 33/3	Poular St
igned by the at h please remove burial, cremati injury, or other	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	OUENCE OF LOUIS HELD TO THE TERM	F Pal.	TIR DITION GIVEN IN PART 1(a)
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e has been s bermit. Ther ene prior to shows any	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	20a AUTOPSY?	200. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO
yysician. errificate has been s transit permit. Thei tal Hygiene prior to Item 18 shows any	CERTIFICAT	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY	DAY YEAR	YES NO	IN CERTIFYING CAUSES OF DEAT
ng physician. this certificate has been s uvrial-transit permit. Then Mental Hygiene prior to d or tem 18 shows any	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21(HOW INJURY OCCUR)	YES NO	IN CERTIFYING CAUSES OF DEAT YES NO (
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Le Aspital or attending physician. DIRECTOR: After this certificate has been sched for use as the burial-transit permit. Then Dept. of Health and Mental Hygiene prior to If Item 21 is marked or Item 18 shows any	CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspita sow the deceased alive an account of the contribution of the cont	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (ATHOME, STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION STREET TO - 19 19 19 19 19 10 11 11 12 13 14 15 16 17 18 19 19 19 19 19 19 10 10 10 10	YES NO CITY OR TOW	IN CERTIFYING CAUSES OF DEAL YES NO (YIN ITEM 18, PART 1 ORPART 2) TO COUNTY STORY THE ONLY OF THE OWNER SHOWS SHOW THE OWNER SHOW THE OW
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in the property Carto William along asser for Color Market Lake hat this or that The 16-82 - 32 18 12 - 28 - 28 - 18 Manual Him to - 1 1 Proper Charlet Solv-4122 Per Treson 3

1-	FOR STATE		DEPARTMENT OF	HEALTH .			NET 9	2	4	5 4	4
I. Di	REGISTRAR CEASED NAME	FIRST	MIDDLE		AST	E OF DE		REG. NO.	ONTH DAY	Y YEAR	12ь. ной
	PE OR PRINT)	ICHOLAS		GRA	Υ		OF ES	STI-	10 20	19 79	28. HOU
SE m	X 4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	EARS IF UND	DER 1 YR. IF UN	NDER 24 HRS	2c. DATE PRONOUNCED DEAD	D	10 20	y YEAR	12:2
To B	WITTHPLACE (STATE OR DREIGN COUNTRY) Maryland	76. CITIZEN OF W	76 CITIZEN OF WHAT COUNTRY?			NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF					l p
C	Baltimore		SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) O City Hosp	e, or other		12a US	SUAL OCCUPATION NOT NOT NOT NOT NOT NOT NOT NOT NOT N	ION (TYPE OF V	NORK 126.	KIND OF BU OR INDUST	
30. j		G HOME OR OTHER INSTITUTION, G HOWARD	COLUMN AND AND AND AND AND AND AND AND AND AN		3d. INSIDE CITY LIMI	15? 13e. ST	REET ADDRESS 80 Apt 8	20 70	080 Cr	adler	ock
4. F	ATHER'S NAME Ronald Fr	*ay	LAST		15. MOTHER'S M Les1		ggin MIDDLE		132	LAST	
160.	WAS DECEASED EVER IN YES, NO, OR UNKNOWN) (II	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECURIT		7. INFORMANT Mrs Leo	nard I	urk 932	DDRESS 9 Dunl	oggin	Rd 2	1043
	Conditions, if any gave rise to im cause (a) stoting the lying cause lost.	, which mediate e under- (c) SM (b) SM (b) (b) (c)	OKE INHALAT R AS A CONSEQUENCE R AS A CONSEQUENCE	OF			ry		86	TWEEN ONSET	AND DEATH
CERTIFICATION	190. DATE OF OPERATION	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM					-	20	AUTOPSY?	
MEDICAL CERTII	21a. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA 21d. INJURY OCCURRED WHILE NOT WI AT WORK AT WOR	USE OF DEATH OP.N 21e PLACE	XMONTH DAY YEA	79 Sub	j. in an	uto th	at caugh	nt on :	fire.	YES KI	d, STATE
	220. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	ok chorge of the remoins de Noturol couses , Ann M. Di	scribed above, held an Accident X, Su XON, M.D.	Autopsy vicide , , , , , , , ,	Homicide TITLE (SPECIF) Assists DDRESS	ection , Under Y) ant ME	Inquiry], and in or	my apinion		
B	URIAL, CREMATION, REM SPECIFY) Urial UNERAL DIRECTOR	Oct 22 17	9 Meadow			cir	OCATION YORTOWN	Howa		y ler	ate and
		zke 4112 Colu	mbia R Ell	licott	1ty 250. D.	W.T	231313	So. KEO	/		/

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

A DESCRIPTION OF THE PROPERTY

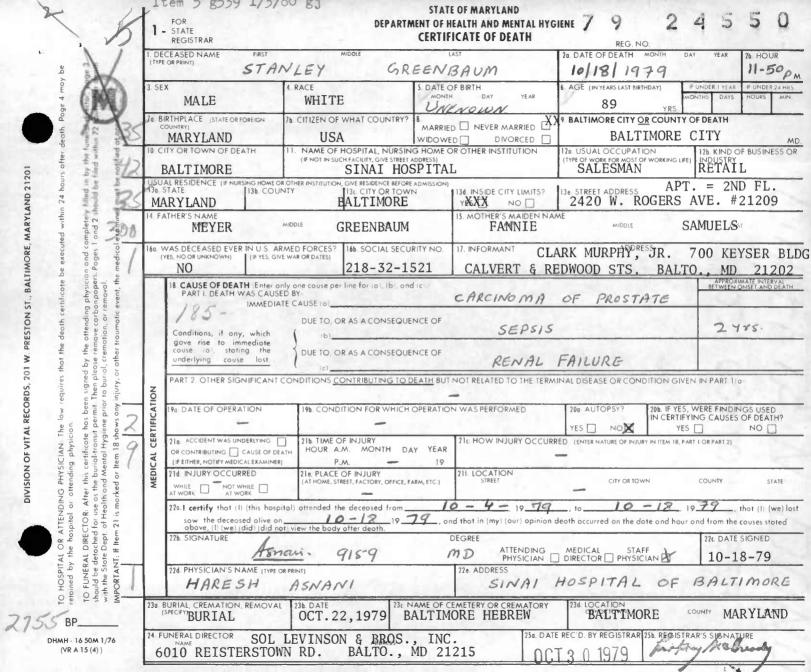
Gentle a garding & to English Kaper Assessment Charles and March Company and the STATE OF THE PROPERTY AND AND ASSESSED.

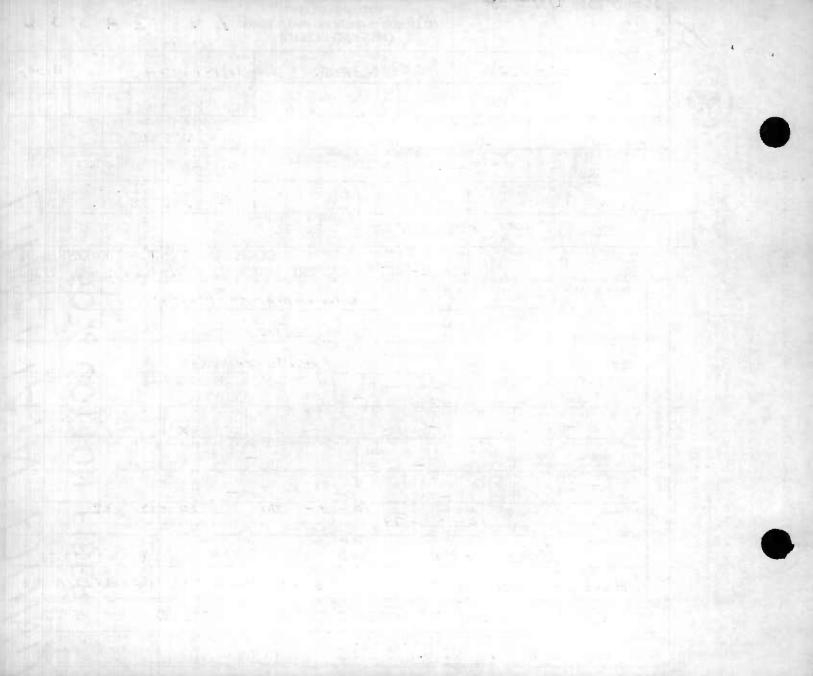
	FOR STATE		STATE OF A EPARTMENT OF HEALTI ICAL EXAMINER'S (ATU.	24	5 4 8
1. DE	REGISTRAR CEASED NAME FIRST PE OR PRINT) Mab		WIDDLE	een	20. DATE KNOWN OF ESTI- DEATH MATED		PAY YEAR 26 HO1
	female black	1 5 1	.920 59 YRS	NDER 1 VII. IF UNDER 24 HES	PRONOUNCED DEAD	10 2	79 79 142
FO	IRTHPLACE (STATE OR DREIGN COUNTRY) Maryland	76. CITIZEN OF WH.	WIDOV	WED DIVORCED	Baltimore cir	ce City	M
	Baltimore	(IF NOT IN SUCH FACE	and General Hos	EO.	SUAL OCCUPATION OR MOST OF WORKING LIFE)	(TYPE OF WORK 12b.	OR INDUSTRY
lla. S	AL RESIDENCE (IF IN NURSING HOME STATE 13b. COU!		E RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Balto.	YES X NO 0 906	reet address Whitelog	ck St.	
	ATHER'S NAME FIRST Simon WAS DECEASED EVER IN U.S. AF		amphur 1166 SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAMER OLD 18. INFORMANT	AE MIDDLE	Cooper	LAST C
		E WAR OR DATES)	218 07 1175	Mary Jackso			Street
TION		CONTRIBUTING TO DEATH B	AS A CONSEQUENCE OF UT NOT RELATED TO THE TERMINAL DISEA				
CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	21b. TIME OF		HOW INJURY OCCURRED LENTE	ER NATURE OF INJURY IN ITE		YES NOXX
MEDICALC	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH P.M.	MONTH DAY YEAR 19 FINJURY (ATHOME, 21f. LC DRY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY	y STATE
STO.	22a I certify that I took chor deoth resulted from: Not	June 2005 XX.	Accident , Suicide	Hamicide Und TITLE (SPECIFY) Assistant	EDICAL EXAMINER	and in my apinion, DATE SIGNED	10/3/79
	Lawy	ez R. Guar	d, M.D.	III Pe	nn Street	, Balto.	ID 21201
23a.8	EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. NAME OF CEMETERY	_ADDRESSOR CREMATORY [23d]	LOCATION	CALLET	STATE

THE REPORT OF THE PROPERTY OF is the state of th to dell'asset and call the medial -Cl. DV 1174 . I sup Joe and ISV Walkerson Avenue the same and the same of the s lesish in itema arean IAMESS W. Bate. St. Hall to this headers are

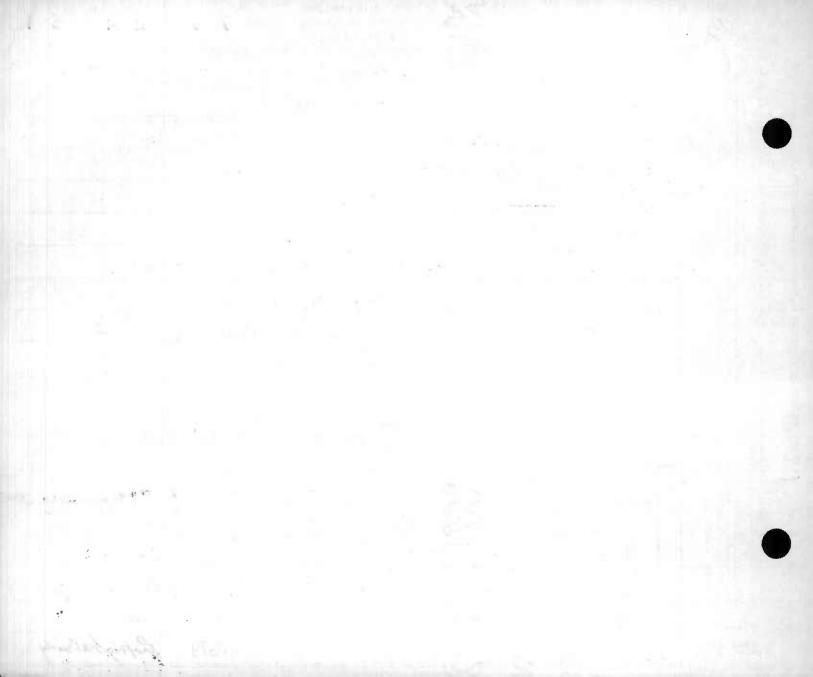
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l		Y OR TOWN		11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NUE	REET ADDRESS)	, OR OTH	ER INSTITUT		120 USUAL O	CCUPATION F WORKING (IFE)		12b. KIND (OR INI	DUSTRY
	13a. S	L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, G	VE RESIDENCE		ON)	13d. INSIDE CI	TY LIMITS?	130. STREET A		Λπο		A
		TYLANG	<u> </u>				е	IS. MOTHE				e Ave		
		lfred	1	WIDDLE	-	een		FI	avia		WIDDLE		Loya	1
ŀ	16a. W	AS DECEASED	EVER IN U.S. AI	RMED FORCES?		IAL SECURITY	NO.	17. INFORM	IANT		ADDR	ESS		
	,,,	No		V/A		N/A		Octa	via	Evans	1058	Arg;	yle A	venu
ľ		18. CAUSE OF	DEATH (Enter o	nly ane cause per line			. A-			-56474		110	APPRO: BETWEEN	ONSET AND
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1		SIGNATURE _	0		400			.0		MEDICAL E	XAMINER	SIGN	ED	
ŀ		EXAMINER'S	NAME Vi	rginia L.	Dolar	, M.D.		ADDRESS_	11	l Penn	St.			
	23a. Bl		ION, REMOVAL	23b. DATE	[23c. N	IAME OF CEA			RY	723d. LOCATI	ON			
I	15	Burial	,,			stvi				CITY OR TOW	N.	COL	UNTY	STATE
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		NAME 777	F/H	310 N ADDRESS		,	~ 1		NOV	IC 48	7.0	2.64	A 10	

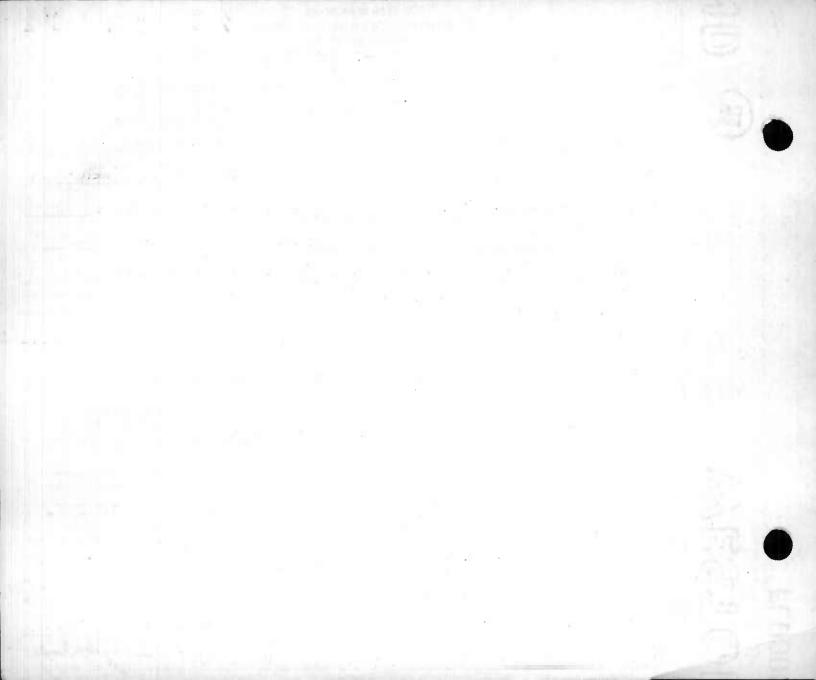
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3	1.	FOR STATE REGISTRAR			DEF			TH AND MEN		IENE 7	9 REG. NO	D.	2 .	4 5	5
		CEASED NAME	FIRST		MIDDLE		LAST			20 DATE OF	DEATH	HTHOM	DAY	YEAR	2b. HOUR
			Bett	y J	ean		Gree	ne			/	10	6	79	7:05
	3. SE	х		4 RACE			TE OF BI			& AGE (IN YE	ARS LAST BIRTI	HDAY)		DER I YEAR	IF UNDER 24 HR
100	1	Female		Neg	ro		6	23 ^{DAY} 193	YEAR BO	49		YRS	MONTH	DAYS	HOURS MIN
70	7a B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF		VTRY? 8		NEVERMAR	_	9 BALTIMO	RE CITY O		_	EATH	
H	N	orth Carol	ina	U. :	S. A.		OWED		CED TX	Balt	imore	Cit	v		A
AT		ITY OR TOWN OF DE		11. NAME OF		IURSING HO	ME OR O			12a USUAL C	CCUPATK	NO	12		BUSINESS C
4	B	altimore (City	-64 4	Memori			1		(TYPE OF WORK	FOR MOST OF	WORKING	LIFE} I IN	DUSTRY	
35	13a.	AL RESIDENCE (IF NUI STATE Marvland	13b COUI	R OTHER INSTITUTION NTY	13c. CITY OF	E BEFORE ADMISS R TOWN imore	1134	INSIDE CITY I	LIMITS?	13s STREET / 2213	ADDRESS Kirl	c Ave	enus		
-	_	ATHER'S NAME	-					MOTHER'S MA			7.11.12.0				
100		William		WIDDLE	FO			FIRST	ctrude	2	MIDDLE			Rank	in
-		WAS DECEASED EVER				SECURITY N	0. 17.	NFORMANT	. CL CCC		ADDRE	55		1000	-
1	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	242-5	0-2446	S	heila S	Stater	n 2421	Ramb.	lewo	od D		
200		18 CAUSE OF DEAT	TH (Enter or	nly one cause per	r line for (a), (b), and ici.i	D.	_/	Λ				F		NATE INTERVAL
		, All a Deall		TE CAUSE (a)			real	ocrata	1	neo			-	1 1	10
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o dony, o	Z O	PART 2 OTHER SIG	NIFICANT (CONDITIONS C	C V A	G TO DEATH	BUT NO	RELATED TO	THE TERM	INAL DISEASE	OR CONE	DITION	SIVEN IN	PART 1(a	1
Z ons	CERTIFICATION	190 DATE OF OPERA	TIÓN	196 COND	ITION FOR W	VHICH OPERA	ATION W	AS PERFORME	D	200 AUTO	NOM	IN CER	'ES, WE TIFYING YES	RE FINDIN CAUSES	GS USED OF DEATH?
E 2		21g. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	HOUR A	OF INJURY .M. MONTI		AR 19	HOW INJUR	Y OCCURR	ED (ENTERNAT		Y IN ITEM 1	B, PART I C	OR PART 2)	
Ked or H	MEDICAL	21d. INJURY OCCUP	RRED	21R PLACE	OF INJURY REET, FACTORY, C		211	LOCATION			CITY OR TOW	'N	cc	DUNTY	STATE
E S		22a.l certify that A	(this hasp					02				66	. 197		hat (I) (yet) la
7		saw the decear	sed alive an	10	O C	19 7 9	. ond th	ot in (my).4001) apinion o	leath accurred	d an the da	ite and h	aur ond	from the c	auses stated
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IMPORTANT		GREJUR	1	WALK	er			OI E	ur	ulver	517	y Pi	Ven	y 3.	N'LTO MD 21
	23a	BURIAL, CREMATION	REMOVAL	236. DATE				TERY OR CREA		23d. LOCA	TOWN		COUN	ITY	STATE
-		Buria		10/12	2/1979	Balti	more	Cemet		Balt	imore				
MOM	24. F	UNERAL DIRECTOR			ADDRE	ESS			250. DATE	REC'D. BY R	GISTRAR D	25b. REG	PAR'S	SIGNATU	Runda
7/78	W	m. C. Marcl	F/H	1101 F=	et Nor	th Ave	פנות		1 06	1 0 1	3/3	-	Ald	7//	7





Walter Brooks Bradley Inc. Dundalk, Md.

FOR

(VRA 15, 4) 7/78

STATE OF MARYLAND

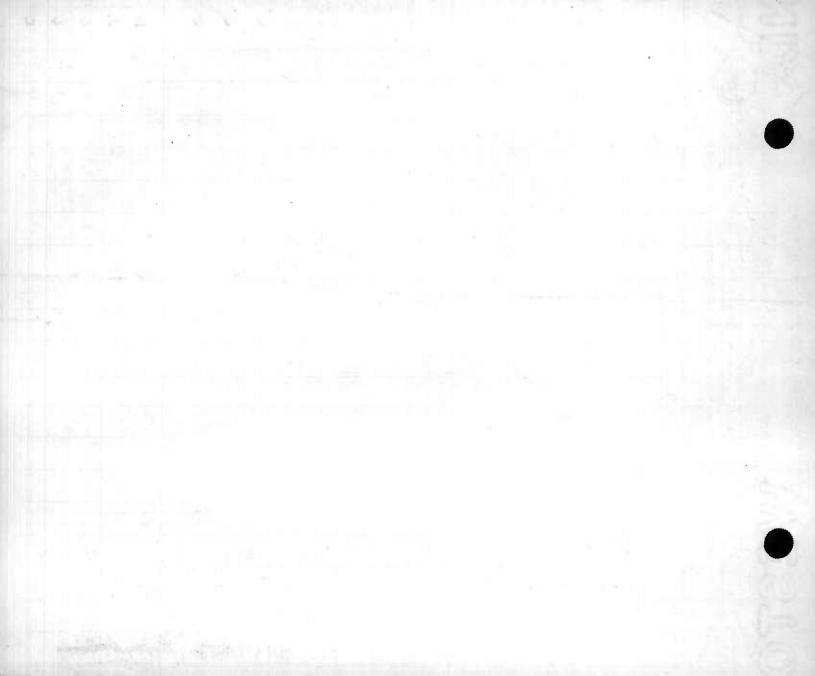
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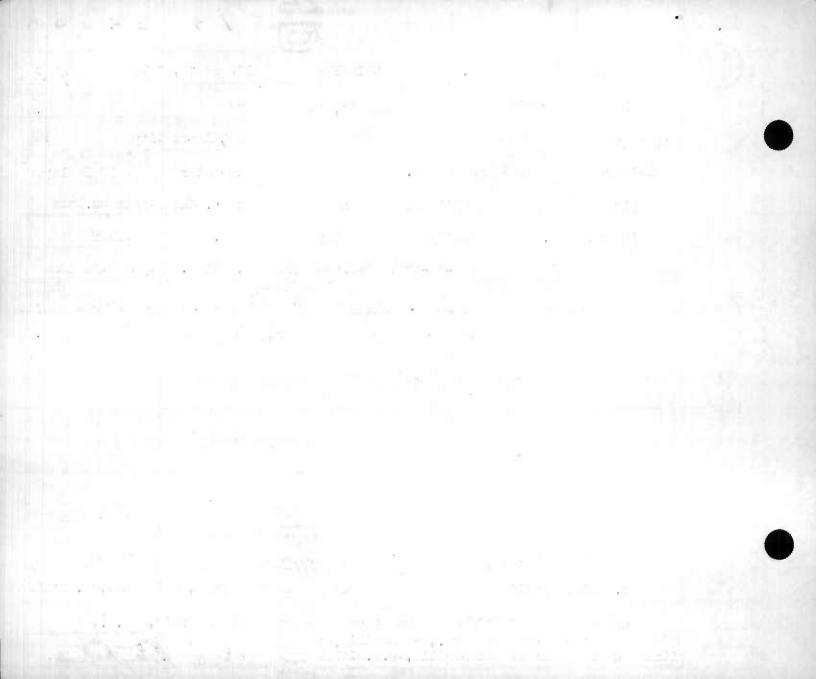
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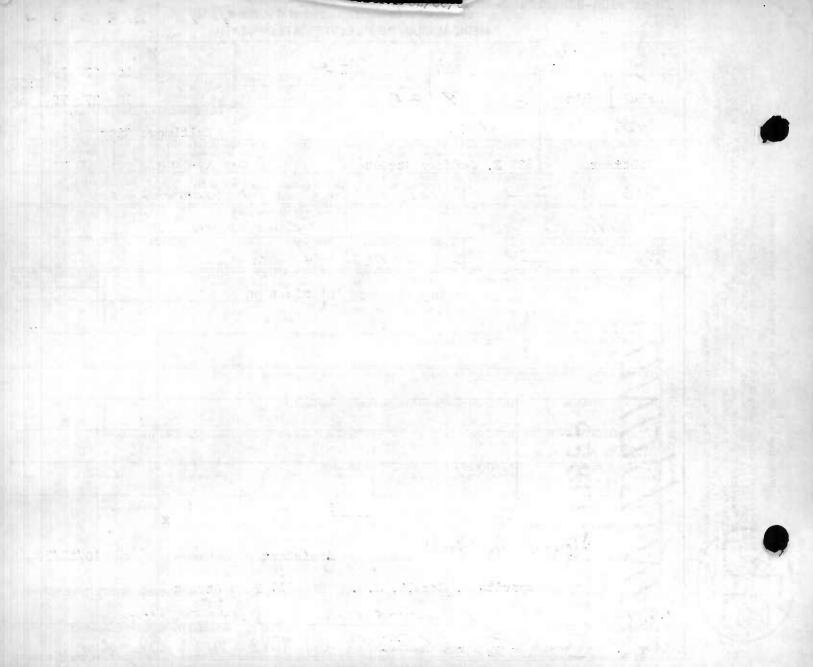
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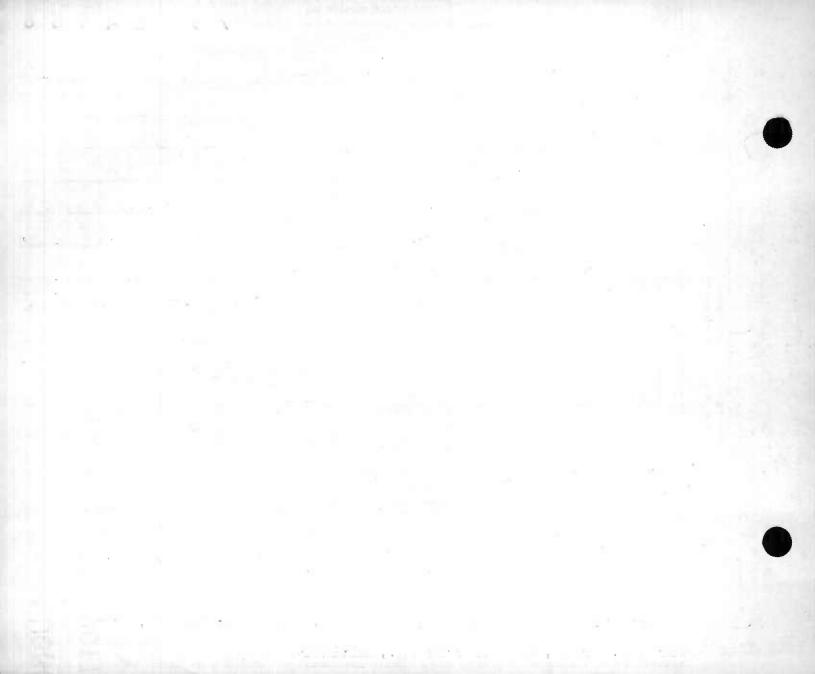


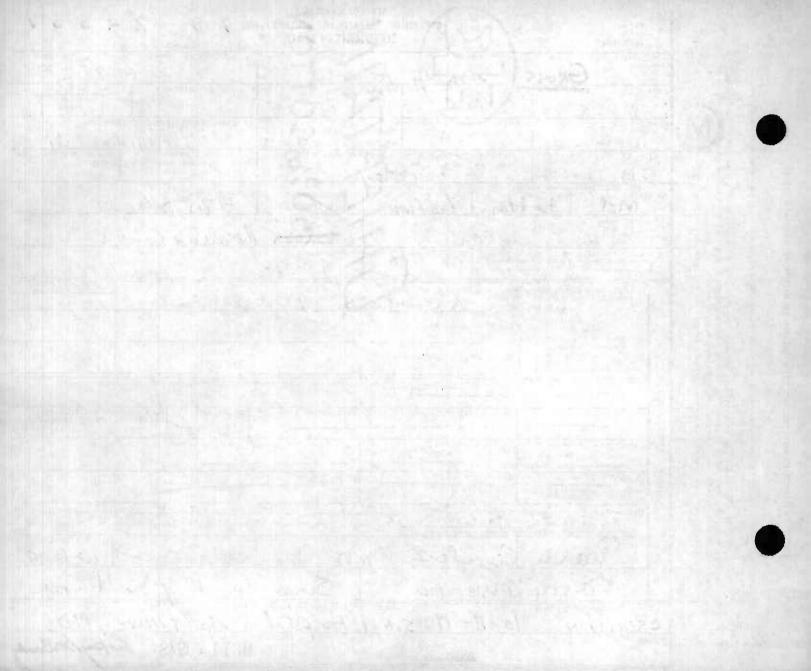
	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 7. 9	2 4	5 5
		CEASED NAME ORPRINT) JOSE	FIRST		R.		AST GRIFFITH	DCTOBER 10		AR 2b. HOUR
-	3. SE)			RACE	Π.	5. DATE O		& AGE IN YEARS LAST BIRT		YEAR IF ONDER 2
		Male		hite		MONT		79		DAYS HOURS
125	C	RTHPLACE (STATE OR FOR DUNTRY) COINIA		CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE WIDOWI	DIO DIVORCED	Baltimore city o	_	TH
0	10 CI	TY OR TOWN OF DEAT	TH 11	NAME OF	HOSPITAL, NUR	ING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATE ITYPE OF WORK FOR MOST O Carpenter	F WORKING LIFE) INDU	IND OF BUSINES
35	130 3	AL RESIDENCE (# NURSH TATE Maryland	NG HOME OF OT	THER INSTITUTION	GIVE RESIDENCE BET 13c. CITY OR TO Baltimo	WN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 311 N. Ch	apelgate i	Red. Lane
OC	14 FA	THER'S NAME FIRST Richard	H. MID		riffith		15 MOTHER'S MAIDEN NA		Walke	LAST
/			N U.S. ARME IF YES, GIVE W. WW1		216-10-		17 INFORMANT Merdyst Griff	ADDRE		ate Bane
	7	Conditions, if ony, gove rise to imm couse (D), stoting underlying couse	ediote the lost.	(b)	R AS A CONSEC	UENCE OF	NOT RELATED TO THE TERM	LUIS SUS		RT 1(0)
2	190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING			196 CONDITION FOR WHICH OPERATION WAS PERFORMED			N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	INDINGS USED USES OF DEATH
9	-	218. ACCIDENT WAS UNDE OR CONTRIBUTING CA LIF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR			
	MEDICAL	214 INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE []	21e PLACE (At HOME, STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNT	Y STA
		226.1 certify that (I) (sow the deceased above, (I) (we) (di 22b SIGNATURE	d olive on	9/2	7 19	75	nd that in (my) (our) opinion DEGREE	deoth occurred on the de		T, that (I) (with the courses stated DATE SIGNED
NA /		22d PHYSICIAN'S NA			- 1	/	ATTENDING PHYSICIAN [MEDICAL STAN	IAN D	112/-
[(!	Dr. Cli	REMOVAL	/	3/79	Glen Ha	5772 West	734 LOCATION CITY ON TOWN Glen Bur	Baltimore	
-16 20M 5, 4) 7/78	24 FU	NERAL DIRECTOR 1	630 Ed 1 Home	mondso of Ca	n Aygası tonsvil	Catons le, P./	ville, Md 250. DAT A. 21228 OC	E REC'D. BY REGISTRAR	154 REPUTRANT SE	e Bres



(TYPE OR PRINT)	RODGER	WIDDLE	GRIM	2a. DATE KNOWN OF ESTI-	MONTH DAY YEAR
5A	ROCER	DALE	CRILIN	DEATH MATED	10 2719 79
3. SEX 4. male	white 5. DATE OF BIR	YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	DER 24 HRS. 26. DATE PRONOUNCED DEAD	10 2719 79
TO BIRTHPLACE (STATE FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED NEVER MA	RRIED S BALTIMORE CITY	OR COUNTY OF DEATH
10. CITY OR TOWN OF Baltimo		HOSPITAL, NURSING HOMI	, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TY	
Baltimo		Jeffrey Stre	et	FOR MOST OF WORKING LIFE) LABOREA	OK INDUSTR
USUAL RESIDENCE (F	IN MURSING MOME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	- Aller of better on a	Y 35
14. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME MIDDLE	LAST
	ARVEY R.	LA31	EL	IZABETH 1	=,
160. WAS DECEASED B (YES, NO, OR UNKNOWN	EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT	-	ADDRES	S
NO		213-82-19	142 FATH	IER	
18. CAUSE OF I	DEATH (Enter only one cause per	line far (a), (b), and (c).)			APPROXIMATE BETWEEN ONSET
PARTIDEAL Sections	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute metha	done intoxica	tion	
Conditions, gave rise cause (o) std	DUE TO,	OR AS A CONSEQUENCE	OF		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions,	, if any, which to immediate (b)				LAW AND LINES OF THE PARTY.
cause (o) st	tating the under- DUE TO,	OR AS A CONSEQUENCE	OF		
lying cause	(c)				
PART 2 OTHER SIGNI	IFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN II	PART 1 (a),	
PART 2 OTHER SIGNI					
190. DATE OF O	PERATION 19b. CO1	NDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY
/ \vec{\vec{\vec{\vec{\vec{\vec{\vec{	ALC: U				YES 🛣
21a. EXTERNAL		E OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TO	
UNDERLYING	COK	A.M. MONTH DAY YEAR	3		
MEDICAL CREMAN OF THE CATCH ON THE CATCH OF CATCH	CURRED 21e PLA	CE OF INJURY (AT HOME,	21f. LOCATION		
	IAO I AALIILE	FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
AI WORK	71 WORK				
12	that I took about of the remains	described abave, held an	Autapsy X , Inspec	ction	ınd in my apinian
WE STAND AND AND AND AND AND AND AND AND AND	mai ridak charge di me remains				
22a. I certify death resulted			icide Hamicide	Undetermined manner	
22a. I certify death resulted			icide Hamicide TITLE (SPECIFY		,
			TITLE (SPECIFY		DATE SIGNED 10/27/
ACTUAL SIGNATURE	from: Notural causes		TITLE (SPECIFY)	DATE SIGNED 10/27/
death resulted	from: Natural causes ,	Aceident , Su	TITLE (SPECIFY M.D. Assista	nt MEDICAL EXAMINER	DATE SIGNED 10/27/
ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT	from: Natural causes ,	Aceident , Su	TITLE (SPECIFY	nt MEDICAL EXAMINER	DATE SIGNED 10/27/







ADDRESS

- STATE

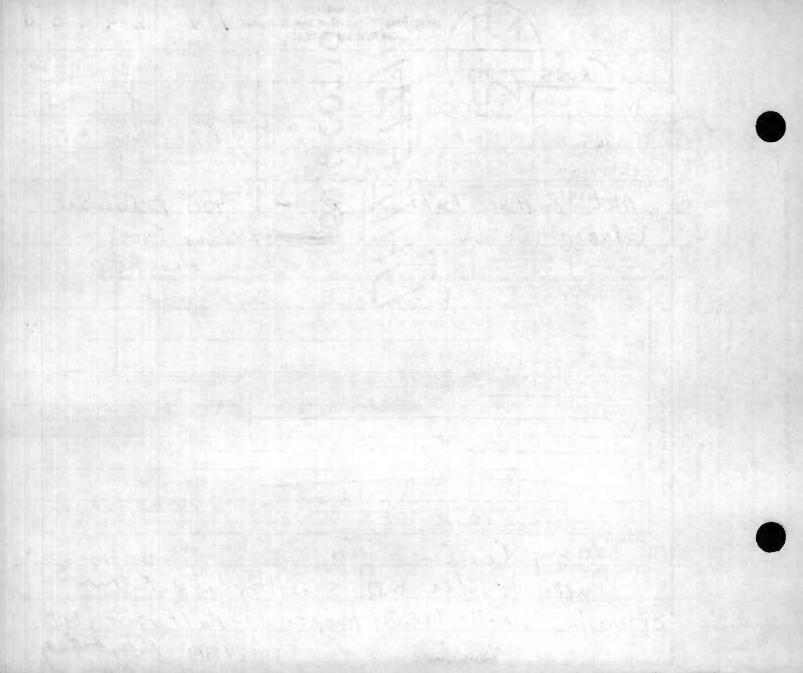
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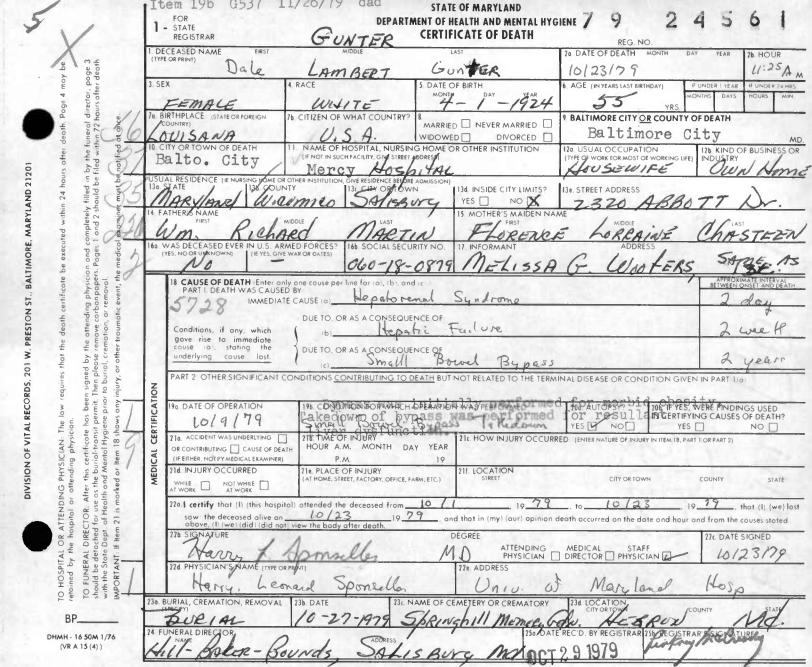
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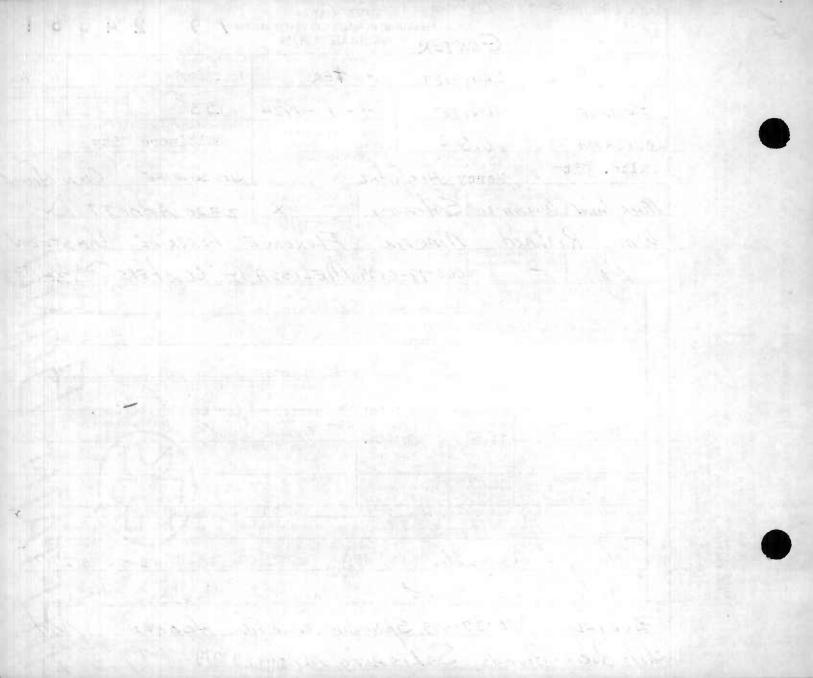
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

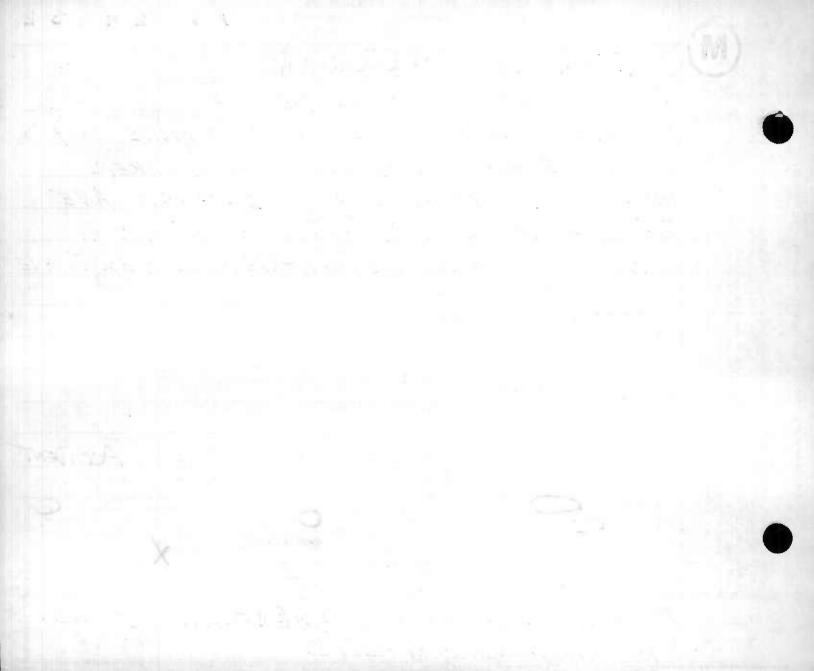


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) JOHN GROTE 10-19-:20AM 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR TO. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE TARYLAND WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] ALTO. NIEMORIAL FIRE FIGHTER FIRE USUAL RESIDENCE LIF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS ALTO JUNEAU 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LINCK MLLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Grace B. Grote - 3201 Juneau 215-10-2895 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Coronary Heart Disease Years DUE TO, OR AS A CONSEQUENCE OF Hypertension, essential Conditions, if ony, which Years gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ON THE DATE OF OPERATION 18b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSY7 70s. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES: NO I TIR ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER HATURE OF PUBLIC IN ITEM IS, FART I OR PART 2) -tron 8 HOUR A.M. MONTH DAY YEAR OR CONTENUENCE CE CAUSE OF LIFETHER NOTHY MEDICAL EXAMINERS THE INJURY OCCURRED PLACE OF INJURY 711 LOCATION OME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY STATE Struary 220.1 certify that (1)/this hospital/attended the deceased from my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNA 22s. DATE SIGNED should be detor with the State D 19 Oct 79 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7600 Osler Drive Leavey, M.D. Marc I. Baltimore, MD 21204 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OF CREMATORY 236. DATE 23d. LOCATION ORELAND URIAL RIEMORIAL BALTO. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 (VR A 15 (4))

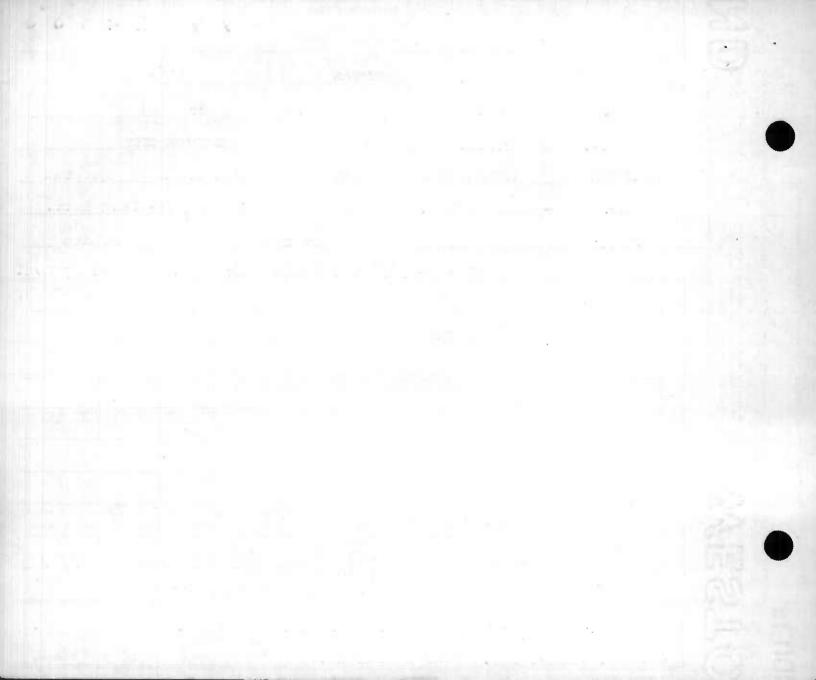
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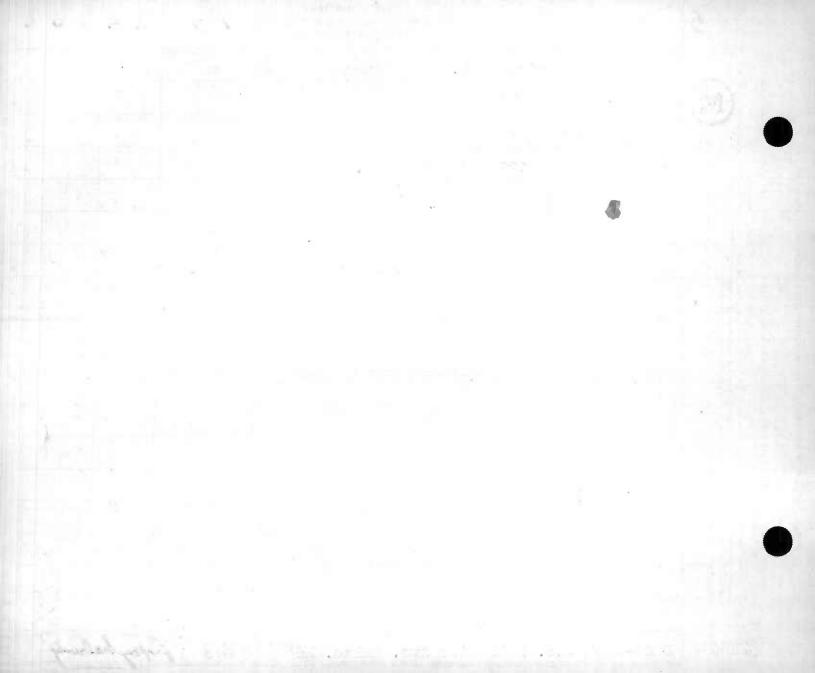
				STATE OF MARYLAND		
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funerol di thin 72 hou	0	SIRTHPLACE (STATE OR FOREIGN COUNTRY) DARYLAIN D	L.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAKTIMORE CITY OR COUNTY	E CITY MD.
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LLTIMORE e be execution and coers. Pages in the medico		(YES, NO OR UNKNOWN) (IF YES, GIVI	212 07 3	350/8 JOHN GR.	ZECHOWIAK	BOSTON AUE
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1/03BP	230	ORIAL, CREMATION, REMOVAL	23b. DATE 23g N	AME OF CEMETERY OR CREMATORY	23d OCATION TOTAL TOTAL OF THE PROPERTY OF THE	COUNTY M DIATE
DHMH-16 20M (VRA 15, 4) 7/7B	24,0	UNERAL DIRECTOR AND AND A. K	ACZOROWSK	2525 750. DATE 1 FLEET ST. OC	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE



		REGISTRAR CEASED NAME FIRST	MIDDL	.E	CERTIFIC	etler	1	REG. N		DAY YEAR	26. HOUR
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	3 SE	X	4 RACE	/ 6	5. DATE OF E		YEAR	& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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	7t. B	IRTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED C	NEVER M.	ARRIED [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
\$ \$5S		Md.	U.S.A		WIDOWED		ORCED	BALTIM			M
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		James		Holder			verne			Hold	den
Poges		WAS DECEASED EVER IN U.S. YES, NO ORUNKNOWN) (IF YES,	GIVE WAR OR DATES)	SOCIAL SECUI		INFORMAN		ADDR		Old Silver	
		no	22	20-03-2	2999 M	irs.	Thelma	Harkins	1330	Ever	ing Ave
er frou		Conditions, if any, which gave rise to immediate cause (a), stating the	,	UTI	NCE OF	_					
permit. Then please remove carbon papers ne priar to burial, cremation, or removal ws any injury, or other traumatic event, the	IFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUE	NCE OF			200 AUTOPSY?	20b. IF YES	, WERE FIND! YING CAUSE:	NGS USED S OF DEATH?
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	- STATE REGISTRAR		DEFAR		CATE OF DEATH	REG. NO.	
	ECEASED NAME PE OR PRINT!	Geneviev	ve M.	Hair		Dctober 10,	1979 YEAR 26. H
3.5	Female	4 RACE		July		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR
E	BIRTHPLACE (STATE OF COUNTRY) COUNTRY)	or foreign 76. CITIZ	ZEN OF WHAT COUNTRY	? 8	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COL	
10.4	CITY OR TOWN OF I	DEATH II. NA	ME OF HOSPITAL, NURS DENSHIP STEELT	ING HOME OF	OTHER INSTITUTION	170. USUAL OCCUPATION	12h. KIND OF BUS
5 3	1d ^{ATE}	NURSING HOME OR OTHER INS	STITUTION, GIVE RESIDENCE BEFORE TO	lk	13d. INSIDE CITY LIMITS? YES 🗽 NO 🗍	13. STREET ADDRESS 1227 Steelt	
31	FATHER'S NAME FIRST	MIDDLE	Zimmer	man	IS MOTHER'S MAIDEN NA FIRST Marie	WIDDLE	Campbe:
2.	WAS DECEASED EV (YES, NO OR UNKNOWN)	VER IN U.S. ARMED FOI (IF YES, GIVE WAR OR D			Mrs Sharyr	3012°C&da J. Kotrosa-	arcrest Ave Balto.MD 2
	PART I. DEATH	EATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSI	ouse per line for (o), (b), o	and ichile	al defape	tean	BETWEEN ONSET
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Z		IGNIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1101
CERTIFICATION	190 DATE OF OPE	RATION 196	CONDITION FOR WHIC	H OPERATION	I WAS PERFORMED		IF YES, WERE FINDINGS LERTIFYING CAUSES OF D
□ □	210. ACCIDENT WAS		TIME OF INJURY				YES NO
1	OR CONTRIBUTING	CAUSE OF DEATH	OUR A.M. MONTH (P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE)	
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Nicholas T. Matthews, 3021 Eastern Ave., Balto

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

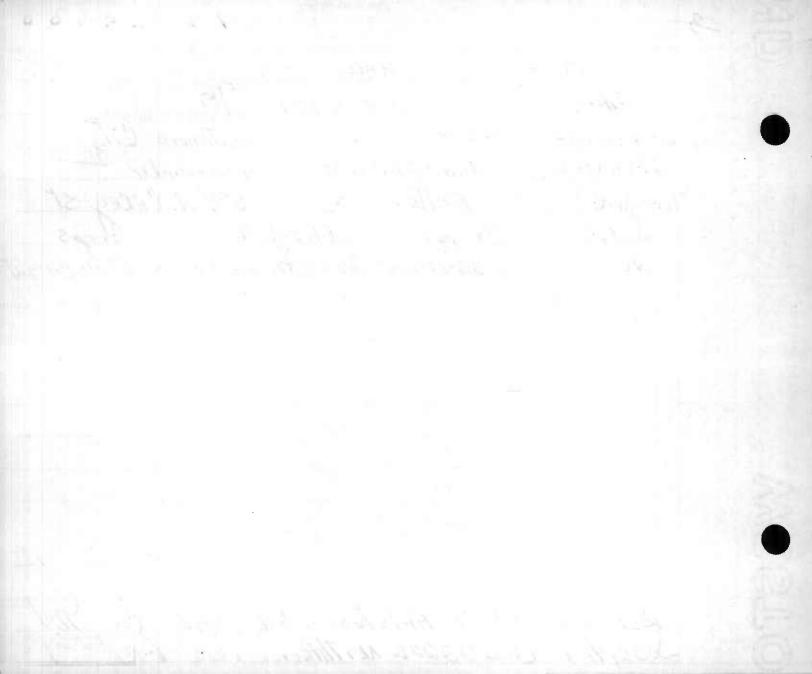
CERTIFICATE OF DEATH

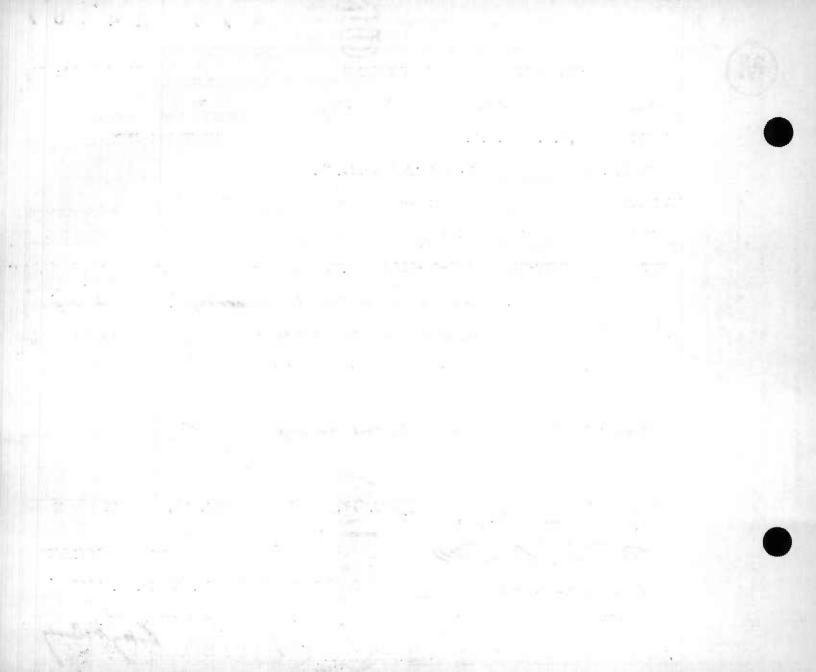
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250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE

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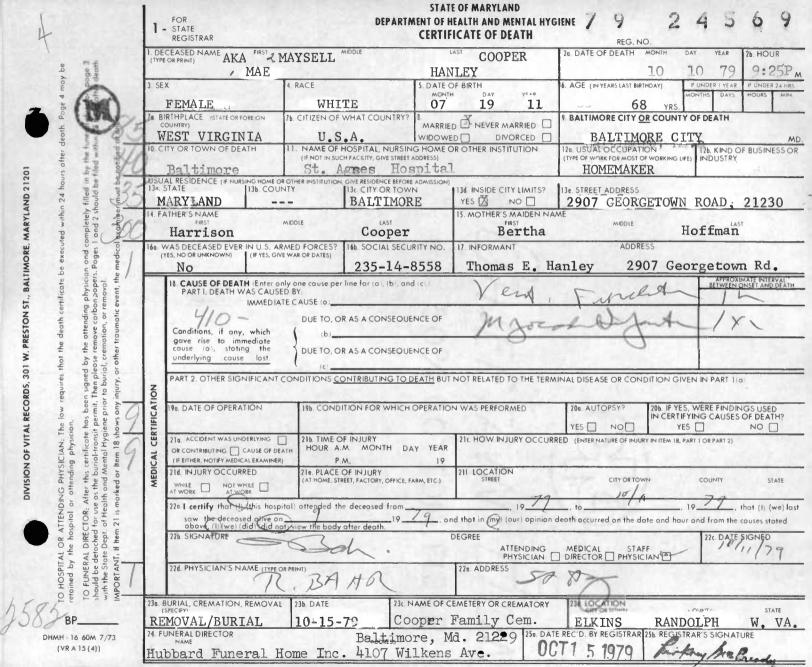




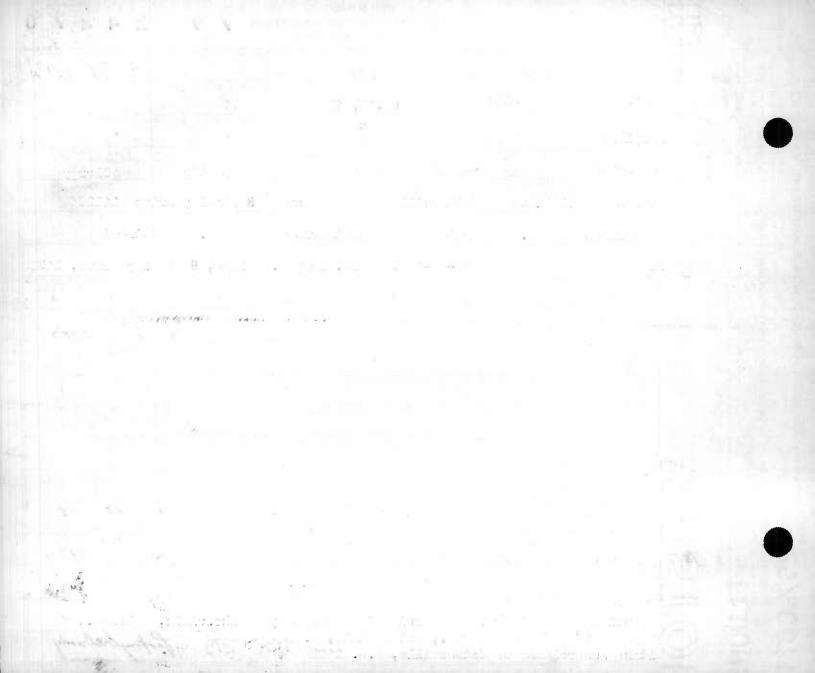
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) Serrinda A. 30 79 Handy 10 3: 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Black 13 Female 06 1895 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore City WIDOWER ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IZE KIND OF ALTESTO 1 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1503 Puslaski Street Baltimore Clerk Typist Edgewood DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY Baltimore 1503 Pulaski Street 13d. INSIDE CITY LIMITS? Maryland YES XX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME George MIDDLE Smith Martha MIDDLE Dennis 16g WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-14-3103 Mrs. Serrinda Handy 1503 Pulaski 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 all1. 2 51/4/01 Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO \square Hygier Hygier sha 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL III O (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ò (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE 22a I certify that (1) (this haspital) attached the deceased from law in deceased alive on , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated aby the (did not) view the body after death ATURE DEGREE 22c. DATE SIGNED ATTENDING -MEDICAL should be det with the State IMPORTANT: PHYSICIAN - DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial SOMERSET Mt. Zion Cemetery CO. 250. DATE REC'D. BY REGISTRAR 250. RESTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Herbert E. Nutter 3035 W. North Ave.

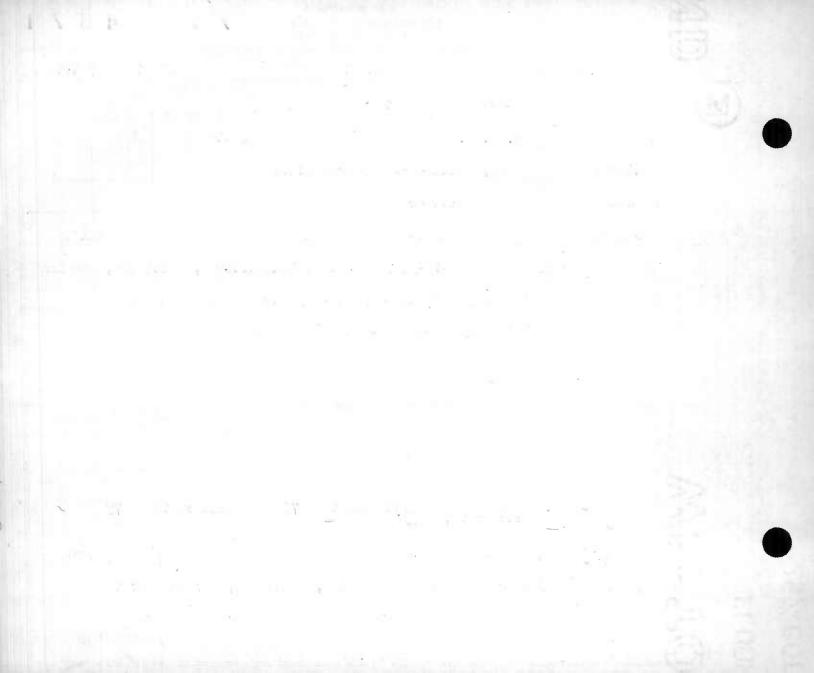
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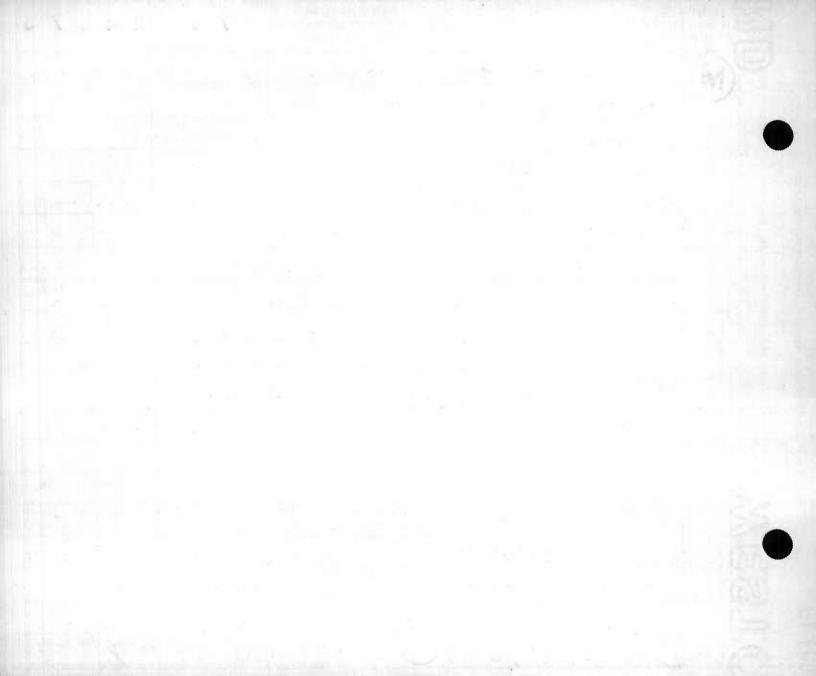


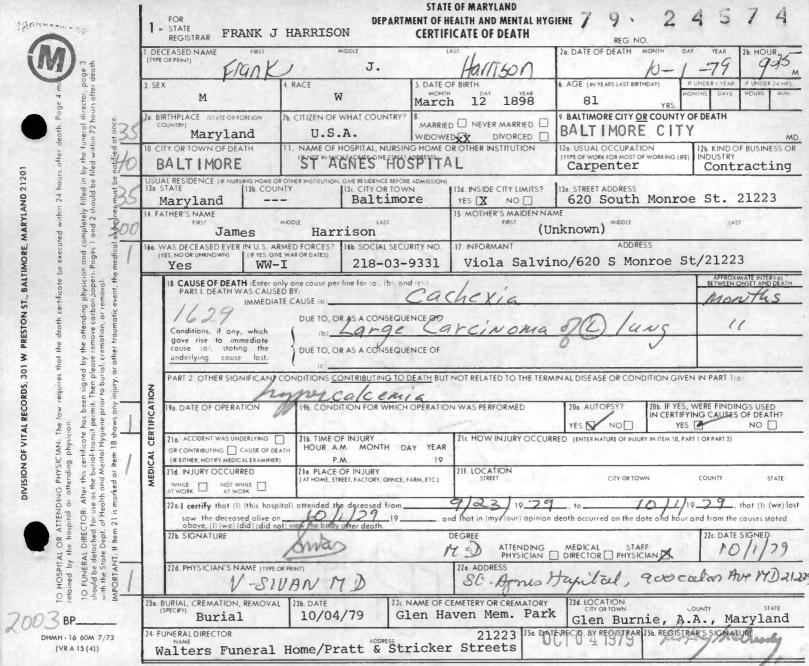
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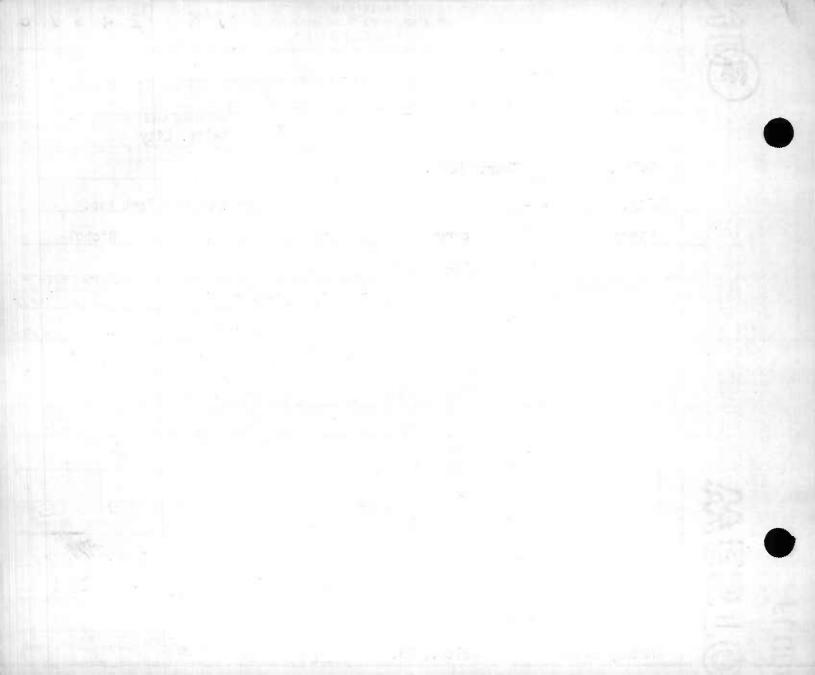


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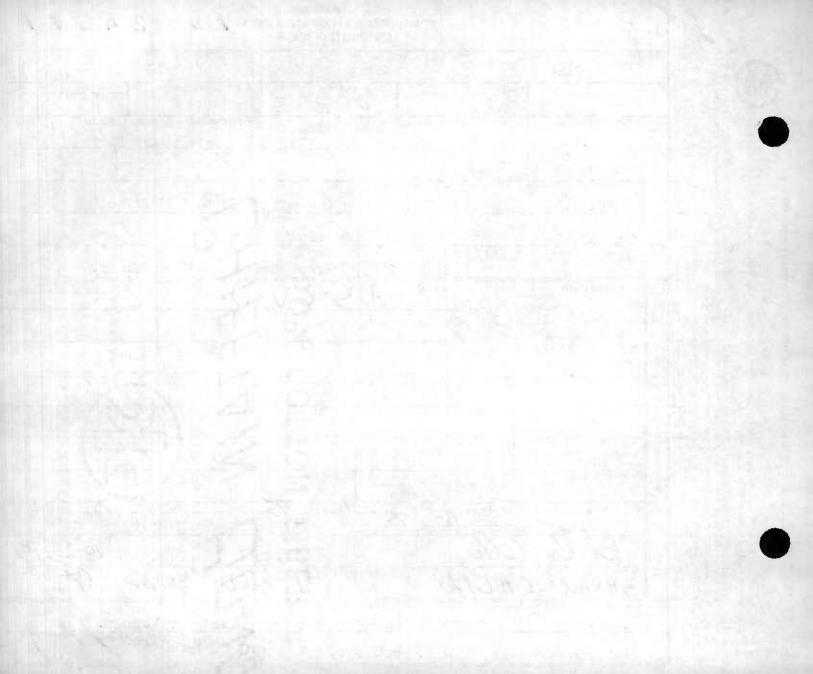


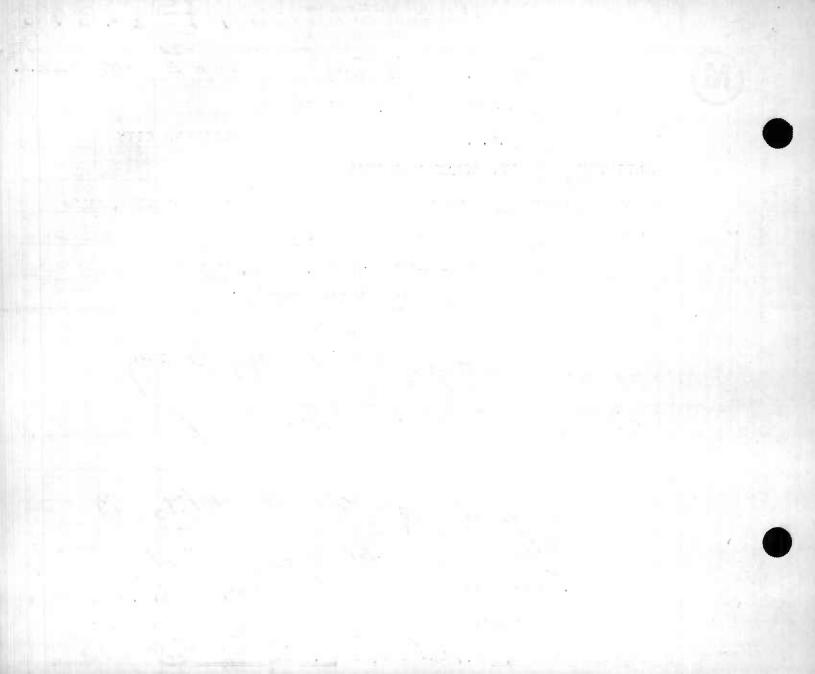


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B	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	2 4 5 7 7		
	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONT	20 110011		
(MA)	Flora	E	Hart	10	^		
(IAN)	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN		
and the same of th	F	В	5 26 15	64	YRS		
decision of the state of the st	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	ore City ME		
Fied #	10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR		
n by tlee filed	Balto. USUAL RESIDENCE (IF NURSING HOME	Mercy Hosp.	EOR ADMISSION I				
filled in ould be	130 STATE 1136 CO		OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 11 W. 20th	Street		
RYLA within etely 32 sh	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	IAST		
omple omple	Council	McKeithen					
MORE,	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)		ADDRESS	abda Da		
4 ST., BALTIM certificate be uning physicion or thomporates. Premovagles. Premoval.	No	213–18		man 417 Mar	approximate interval structure on Set and Death		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed, within 24 hours in attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filler this and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal.		DUE TO, OR AS A CONSECT b)		minal disease or conditic	ON GIVEN IN PART 1(0		
TAL RECOR	190 DATE OF OPERATION 196 CONDITION FOR WHICE		CH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?		
ON OF VITAL HYSICIAN: The diding physicion is certificate burdi-fronsit p Mental Hygere		DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN T	TEM 18, PART 1 OR PART 2}		
FISION OF VII	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION	CITY OR TOWN	COUNTY STATE		
TTEND pitol a pitol a far use of Heo af Heo	220.1 certify that (I) (this has sow the deceased alive	spital attended the deceased from	DEGREE ATTENDING	MEDICAL STAFF	nd hour and from the causes stated 22c, DATE SIGNED		
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept.	22d, PHYSICIAN'S NAME (TYP	CALIN	PHYSICIAN 27e ADDRESS	Alor Gran	ne St.		
BP	230. BURIAL, CREMATION, REMOV (SPECIFY)	AL 23b. DATE 23	Westview Mem. Pk.	23d. LOCATION CITY OR TOWN Catonsvil	COUNTY STATE		
ODHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME Wm C March F/	_ ADDRESS	North Ave.	CT 2 4 1979	RECEIVED		





LABORER

2b. HOUR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MIDOLE

X

MARRIED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED

OCTOBER

YEAR

AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 24 HRS DAYS

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR INDUSTRY

3

13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 618

Wolfe MIDDLE

LAST HARVEY

15 MOTHER'S MAIDEN NAME FIRST 17 INFORMANT

NEVER MARRIED

DIVORCED

ADDRESS

HARVEY/1618 N. WOLFE ST. ZETMA H.

_							
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), and (c), BY: CAUSE (a) CARDIOPULMONAR'	ARRE		APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF					
	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF					
NO	PART 2. OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)					
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES NO				
CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCURRI	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)		

P.M.

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130. STATE 136 COUNTY 136. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR OATES)

WAS DECEASED EVER IN U.S. ARMED FORCES?

NEGRO

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

13c. CITY OR TOWN

LAST

JONES

BALTIMORE

16b. SOCIAL SECURITY NO

MONTH DAY YEAR

76 CITIZEN OF WHAT COUNTRY?

BALTIMORE

U.S.A.

CITY OF TOWN

CENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21

STATE

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

22e ADDRESS

CEM

21f. LOCATION

DEGREE

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

21d. INJURY OCCURRED

WHILE

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the deceased alive on.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

23c NAME OF CEMETERY OR CREMATORY

19

ETERY

23d. LOCATION CITY OR TOWN

COUNTY

STATE

24. FUNERAL DIRECTOR DHMH - 16 50M 1/76

(VR A 15 (4))

MEDICAL

22b. SIGNATURE

FOR

REGISTRAR

MALE

To BIRTHPLACE ISTATE OF FOREIGN

VTRGINTA

10. CITY OR TOWN OF DEATH

MARYLAND

(YES, NO OR UNKNOWN)

4 FATHER'S NAME

ROGIE

BALTIMORE

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY

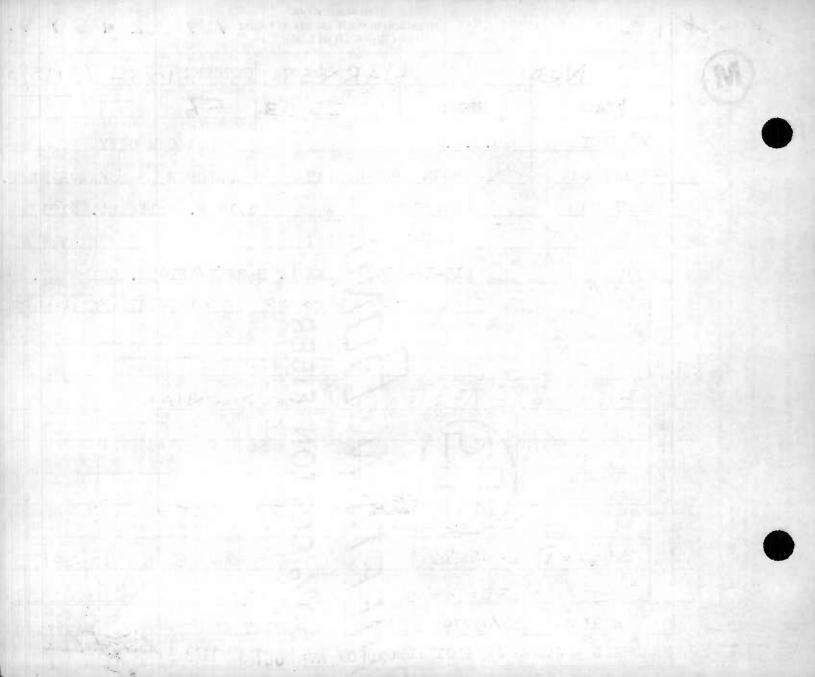
3. SEX

22a.1 certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the body after death

W JONES JR/4101 EDMONDSON

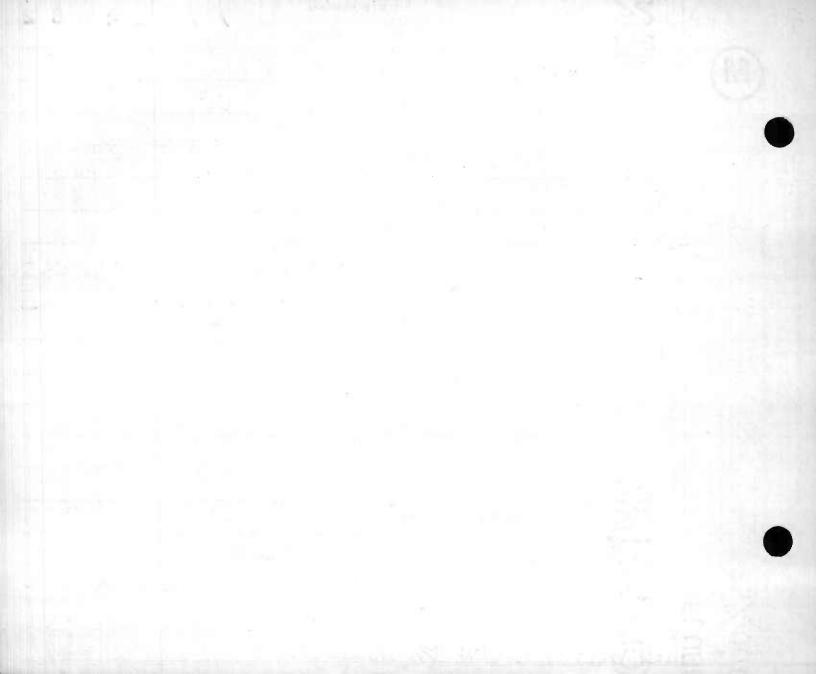
250. DATE REC'D. BY REGISTRAR 250



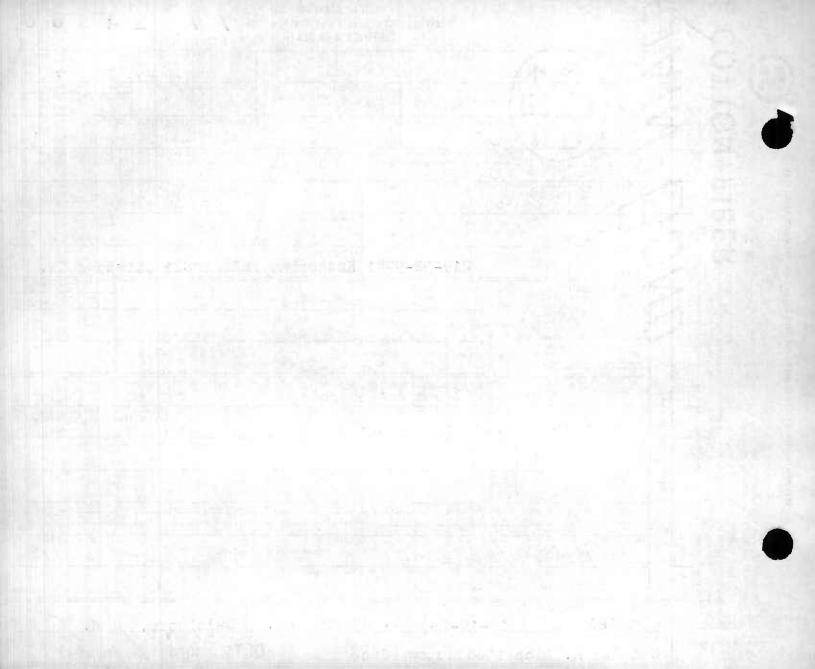
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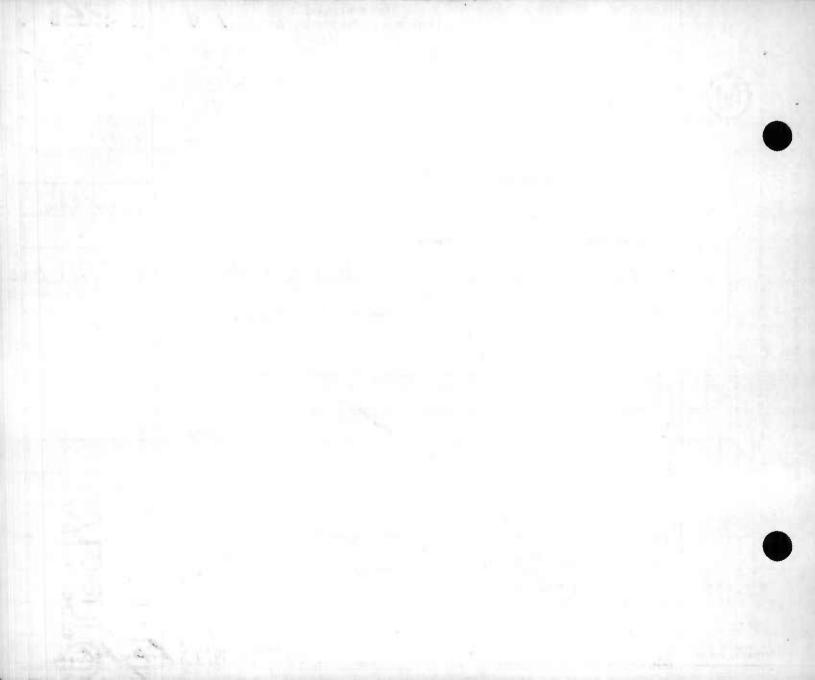
	Ι,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9	2 4 5 8 2
	1'	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
M	1. D (TY	ECEASED NAME FIRST SAMUEL HAST LAST COLORER 28	1979 26. HOUR
egge de constant d	3. \$	Vale Gugasian Dec 5, 1910 68 (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
he funeral di within 72 ha	51	BIRTHPLACE ISTATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1 PARTIMORE CITY OR COUNT	Tity .
by the filed wi	OB	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS)	MOYE G
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DING PHYS or attendir c After this se as the bu calth and M marked ar	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
TTEN TOR: for us		22a.1 certify that (Likis haspital) attended the deceased from 7 19 7 to 2 2 3 sow the deceased olive on 2 2 3 3 and that in (my) (our) opinion death occurred on the date and have above. (Likine) (did (did no) view the body after death. 22b. SIGNAL Element DEGREE DE	
0 0 0 0	/	DEGREE ATTENDING ACCION STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	10/31/75
TO HOSPITAL 's retoined by the TO FUNERAL Is should be detoin with the State I IMPORTANT: IF	71-	BAYLNI B. EUNK, M.D. 3023 ENHA Are Beli	/ Kg/2/22
0/BP	1	Surial 11:1.79 OakLawn Cem CITYORTOWN Baltin	uore Co. To
DHMH-16 20M (VRA 15, 4) 7/7B	1	ADDRESS 2/8 HUDSON STORE NOV 2 1979	Fry Ke Creedy



8	1.	FOR STATE REGISTRAR			NT OF H	OF MARYLAND ALTH AND MENT CATE OF DEAT		NE 7 9	2 4	4 5	8 3
A 25		CEASED NAME FIRST POCH		MIDDLE H	د س لا	st S	20	DATE OF DEATH	MONTH DAY	YEAR 2	7 AM
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ND 2 24 hc 24 hc avild b	13a. :	THERS NAME		134 CITY OR TOWN Balt	. 1	13d. INSIDE CITY LIA YES NO 15. MOTHER'S MAII		STREET ADDRESS	V. Amit	4 5+	
BALTIMORE, MARYLA cote be executed within spers. Pages 1 and 2 sh val. t, the medical exaginer		Sames VAS DECEASED EVER IN U.S. AF	MIDDLE	Turne 166 SOCIAL SECURI		FIRST	elyn	MIDDLE /	ESS	Ar	cher
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NDING PHYSICIA NDING PHYSICIA of or attending p NR. After this certifuse os the burial- dealth and Mental is marked or Item	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 120.1 certify that (I)(this hasp	21e. PLACE (AT HOME, STR	M. OF INJURY REET, FACTORY, OFFICE, FAR e deceased from	10/3	21f. LOCATION STREET	9 <u>79</u>	CITY OR TO	/		STATE O1-(T)(we) lost
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of He MADORTANT: If hem 21 is		sow the deceased alive or obove. (1) we'l did \() did no \() 27b. SIGNATURE \() 27d. PHYSICIAN'S NAME (TYPE C	ot view the body	ne mp	, 011	EGREE ATTEN	NDING	MEDICAL STA	FF	22c. DATE SI	
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80/ BP	24.5	SPECIFY) Burial UNERAL DIRECTOR	10-1	19-79 Mi	t. A	uburn Ce		Baltimo	ore.	Md.	1000
DHMH - 16 50M 1/76 (VR A 15 (4))		harles A. Ri	ce 130	O Eutaw 1	Plac			T2 4 1979	THE WEGISTRA	SIGNATUR	Caroli.



STATE OF MARYLAND



within 24 hours

executed

certificate be

deoth

ner must be aptified of once.

injury, or other troumotic event, the

should be detoched for use as the buriol-transit permit. Then please remove carbong with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

IMPORTANT: If Item 21 is marked or Item 18 shows any

1	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 7 9	2	4	5 8	5
n		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		AY YEAR	2h HOU	JR
4		JAME	S	HA.	YES		10 2:	3 79	12:	30PM
	3. SE	x	4. RACE	5 DATE		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	
		MALE	BLACK	MONT 3	5 15	6	4 YRS M	AONTHS DAYS	HOURS	MIN.
	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	1 BALTIMORE CITY		OF DEATH		
3	GC	OCHLAND, VA.	U.S.A.	WIDOW		BALTIMO	RE CIT	V		MD.
N	10 C	LTIMORE	11. NAME OF HOSPITAL, NURS	ET ADDRESS)		12th USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	126. KIND C)F BUSINE	
5	USU,		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS 2865 BOOT	KERT DI	RIVE	212	25
0	14 FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA FRST France	MIDDLE		Rone (A)	ST	
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	CURITY NO. 3-7720	17 INFORMANT Dorothy W	ADDR	ESS		Dr	ive
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c)	VENCE OF	tandstill		idadi			
	IFICATION	19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	- C-10 /		AINAL DISEASE OR CON		WERE FINDI		D
2	RTIFIC	A				YES NOWX	IN CERTIFY	YING CAUSES		TH?
9	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	IRT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC	21f LOCATION STREET	CITY OR TO	wn	COUNTY	ST	TATE
			oct 23, 19		nd that in (M) (our) opinion	death occurred on the d	3, 1 lote and hour		that XI) (v	
		276. SIGNATURE	riednan.	nn	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	SIGNED 23/79	9
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		3900 TOCH F	AVEN BIVD	PATTO		210	

DHMH-16 20M (VRA 15, 4) 7/78

ATTENDING

TO HOSPITAL

TO FUNERAL DIRECTOR:

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

ADDRESS

23d. LOCATION CITY OR TOWN Arbutus

COUNTY

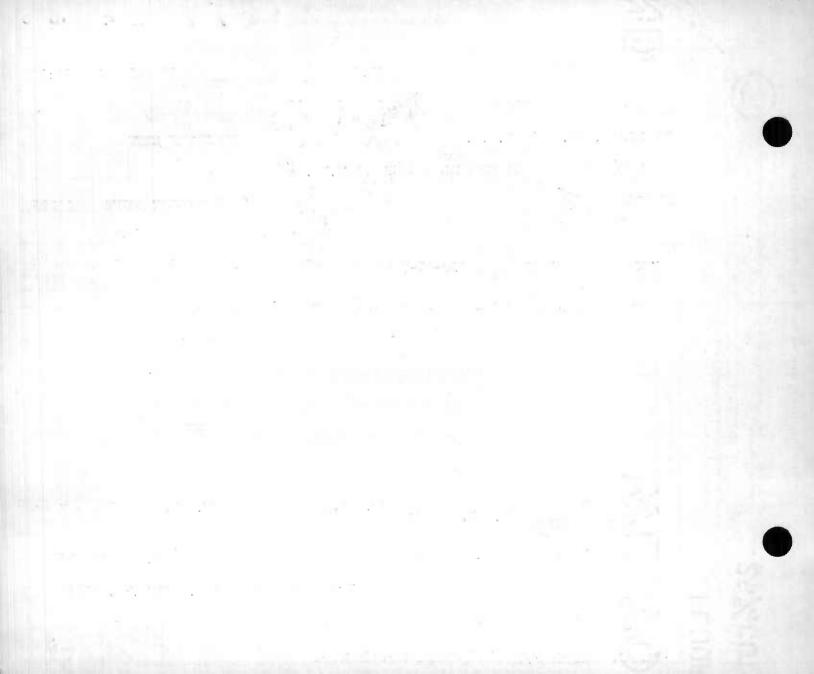
STATE

Burial 10/27/79 Arbutus Mem. Park Maryland 250. DATE REC'D. BY REGISTRAR 250. RECISTBAR'S SIGNATURE OCT 2 4 1979 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

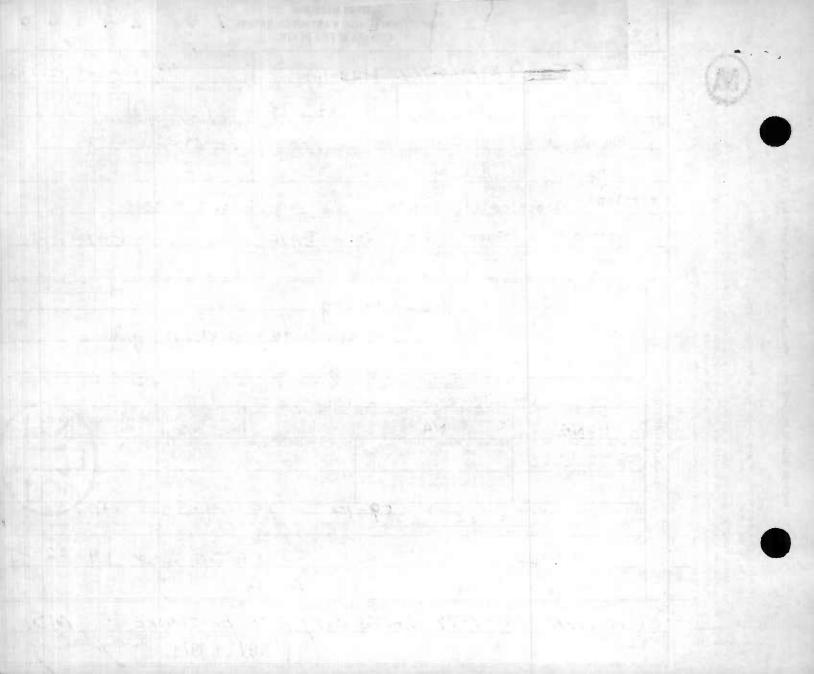
March F/H 1101 East North Ave Wm

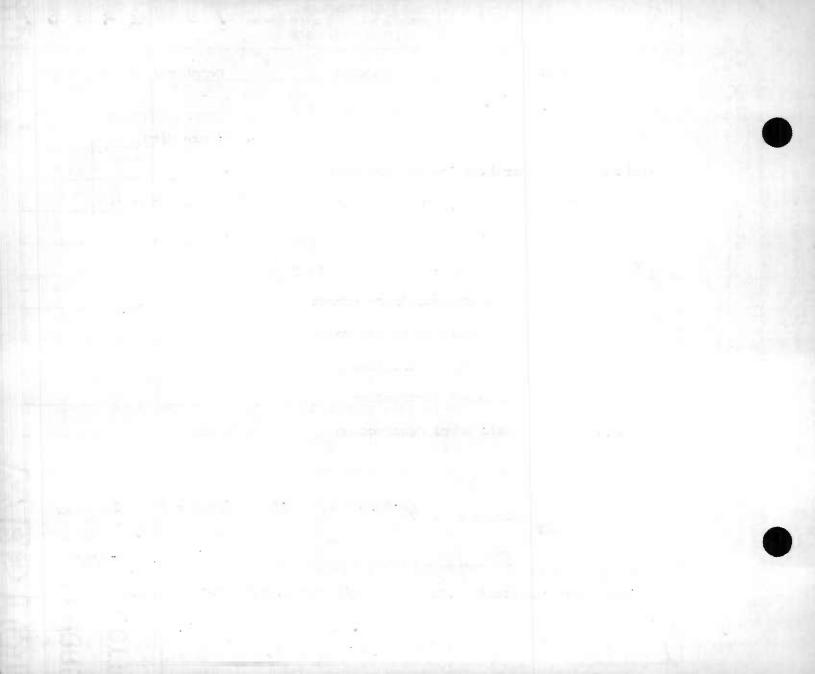
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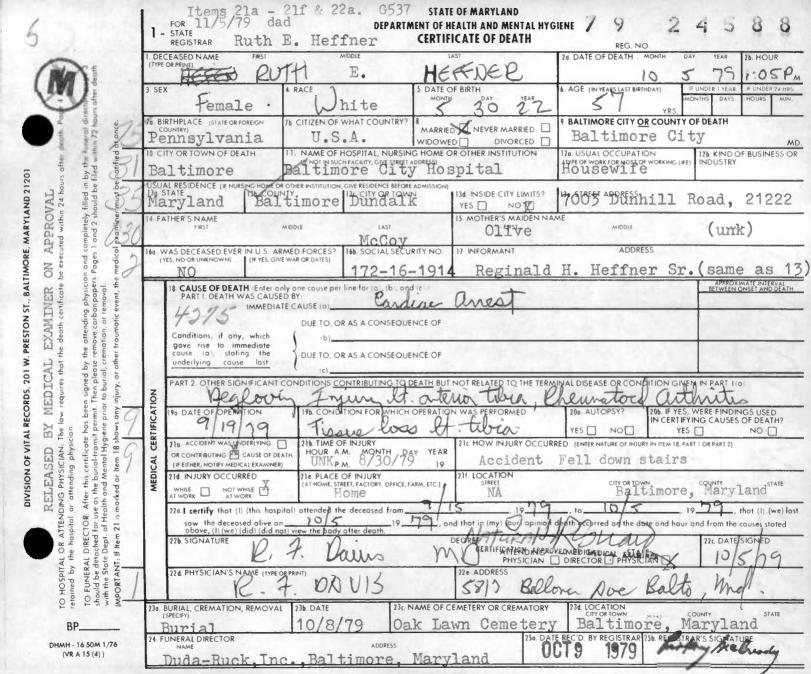


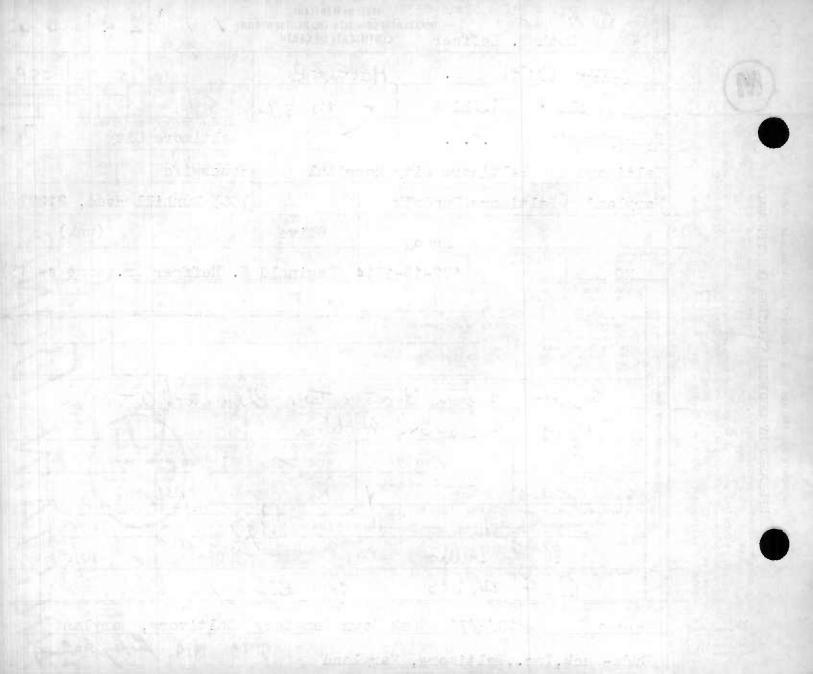
	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 7 9 REG. NO.	24586
	1. DE (TYPE	CEASED NAME FIRST OR PRINT)	BABY-GIR	5. DATE OF BIRTH MONTH DAY YEAR		22 79 12:27Am
death Fuge	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Mayland TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTS U. SA	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Baltimore city or co	VRS. 5 DUNTY OF DEATH LEGISLAND OF BUSINESS OR
24 hours offer Wed to by the must be held to	USU	City AL RESIDENCE (IF NURSING HOMEO TATE ATTENDED TO THE TOP T	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) DWN 136 IN SIDE CITY LIMIT	(TYPE OF WORK FOR MOST OF WORK S? 13e. STREET ADDRESS	RKING LIFE) INDUSTRY
e executed attention of the control	16a V	THER'S NAME GEORGE VAS DECEASED EVER IN U.S. AR	MDDLE Holbert Gat	is MOTHER'S MAIDEN		HAYM AN
ING PHYSICIAN: The low requires that the death certificate be executed after the contending physician. When this certificate has been signed by the ottending physician, and completely filled in a stream tensit permit. Then please remove corbon papers. Pages, and 2 should be the hand Mental Hygiene prior to burial, cremation, or removal. The property of them is shown ony injury, or other troumatic event. The medical manning must be orked or them is shown only injury, or other troumatic event.	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT.	DUE TO, OR AS A CONSECTION OF THE CONSEC	DUENCE OF SCP31&	ny distress (U
PHYSICIAN: The low recending physicion. This certificate hos been the burial-transit permit. If ad Membal Hygiene priorit dor them 18 shows ony in	MEDICAL CERTIFICATION	190 DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	200 AUTOPSY? 20b YES NO TO NO CURRED JENTER NATURE OF INJURY IN 19	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18, PART 1 OR PART 2) COUNTY STATE
OR ATTEND or the hospital or DIRECTOR. A polyel of use Dept. of Head of Hem 21 is mit.	×	sow the deceosed olive or abave, (I) (we) (did) (did no 22b. SIGNATURE	ital) attended the deceosed from	ond that in (my) (our) opi DEGREE ATTENDIN PHYSICIA	nion deoth occurred on the dote a	nd hour and from the causes stated
TO HOSPITAL retained by the TO FUNERAL should be detrowith the Store IMPORTANT: I		224. PHYSICIAN'S NAME DELLY JURIAL, CREMATION, REMOVAL PREMATION	Lim	220. ADDRESS B. NAME OF CEMETERY OR CREMATO BALTO, CITY HO	ORY 236 LOCATION CITY OR TOWN BALTIMOR	RE COUNTY MSTATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	JNERAL DIRECTOR	ADDRESS	25a.	NOV1 6 1979	REGISTRAR'S SICHATURE

STATE OF MARYLAND









STATE OF MARYLAND

5. DATE OF BIRTH

MARRIED .

WIDOWEDAT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

CERTIFICATE OF DEATH

Heinrich

2n DATE OF DEATH 10

79 17

IF UNDER I YEAR IETININER 24 MBC HOURS

AGE (IN YEARS LAST BIRTHDAY)

08 20 9 BALTIMORE CITY OR COUNTY OF DEATH

NEVER MARRIED

Baltimore City

Operator

13e STREET ADDRESS

TYPE OF WORK FOR MOST OF WORKING LIFE!

12h KIND OF BUSINESS OR Telephone Co.

John L. Deaton Medical Center Baltimore 136 COUNTY Howard

4 RACE

LIFYES GIVE WAR OR DATEST

8 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and ic

MIDDLE

S.

White

Th CITIZEN OF WHAT COUNTRY?

USA

Columbia

149-20-0906

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

13d. INSIDE CITY LIMITS? NOAT 15 MOTHER'S MAIDEN NAME

DIVORCED

10927 Billingsgate Rd. Bauer

Staufenberger Dora 17 INFORMANT

Mrs. Nancy Rivers

10927 Billingsgate Rd., Columbia, MD 21044

PART I. DEATH WAS CAUSED BY: Interperitoneal Sarcoma DUE TO, OR AS A CONSEQUENCE OF

Right Hemiplegia

1 year

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

lvear

DUE TO, OR AS A CONSEQUENCE OF

Pulmonary Embolism

18 hours

9n DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

Conditions, if one, which gove rise to immediate couse lat, stating the

underlying couse lost.

- STATE

TYPE OR PRINTS

3. SEX

130 STATE

CERTIFICATION

MEDICAL

WHILE

4 FATHER'S NAME

REGISTRAR DECEASED NAME

Female

O BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Edward

(YES, NO OR UNKNOWN)

No

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Elmira

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2 1b. TIME OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOX

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH 21e PLACE OF INJURY

DAY YEAR 19

21d INJURY OCCURRED NOT WHILE

HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OR TOWN Oct

200 AUTOPSY?

COUNTY STATE

22c. DATE SIGNED

sow the deceased alive on.

220.1 certify that (1) (this hospital) attended the deceased. October obove, (1) (we) (did) (did not) view the body ofter death

Paul Schonfeld M.D.

Burial 10/1 10/20/79

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

June

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID

22e ADDRESS 1406

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

10.17.79

Glen Burnie

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Paul Schonfeld M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Riverside Cemetery

Crain Highway

Toms River C'D. BY REGISTRAR 256. RE

23d. LOCATION

STATE Ocean.

²⁴ FUNERAL DIRECTOR LoringByersFuneralDirectors, P. A. 8728 Liberty Road Randallstown, Md. 21133

NJ

DHMH - 16 50M 1/76 (VR A 15 (4))

Company of the state of the sta

DECEASED NAME (1891 MODEL MACHINE PROPERTY MACHIN	L DECEASED NAME (1777) CEPROL () L RACE S DATE OF BITH MODITY J SEX L RACE WHITE J SEX L RACE WHITE J SEX PERME L RACE WHITE J SEX PERME L RACE WHITE J SEX PERME J SEX PERME J SEX PERME L RACE WHITE J SEX PERME J SEX	. 81	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	4590
3 SEX RACE S DATE OF BRITH A AGE (INTERS NAT ARE DECIDED IN THE SHORT STATE OF COUNTRY) THE SHORT STATE OF COUNTRY THE SHORT STATE OF CO	D. SEX S. DATE OF BRITH A. DE PRINTED		70C OR 800 20V		11	20. DATE OF DEATH MONTH	10 11001
BRITHPLACE STATE DEFORMED The CHIZEN OF WHAT COUNTRY BARRIED NEVER MARRIED NEVER MARRIED SALTIMORE CITY OR COUNTY OF DEATH SALTIMORE CITY OR TOWN OR THE INSTITUTION THE VIEW MARRIED NEVER MARRIED	The Brithmare characteristic protects The Children of What Country The Brithmare children The B	3.5	SEX	4. RACE	MONTH DAY YEAR	00	
ID. CITY OR TOWN OF DEATH	SCHYOR IOWNOF DEATH 11. NAME OF MOSPHAL NURSHING HOME OR OTHER INSTITUTION 178 LUSLAT OCCUPATION	70.	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
MARYLAND IN FATHER'S NAME INKNOWN INKNOWN PHILLIPS INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 2457 FOREST GREEN RD. #21209 INSOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 2457 FOREST GREEN RD. #21209 2457 FOREST GREEN RD.	ARYLAND 18. GUNTY 18. MARYLAND 18. MARYLAND	Pall 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION DDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b, KIND OF BUSINESS OR INDUSTRY
INKNOWN PHILLIPS UNKNOWN PHILLIPS UNKNOWN 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT MRS. DORIS ROSENFELD 187 NO. 219-28-8865 2457 FOREST GREEN RD. #21209 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART.I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). INCOME. 10 INFORMANT MRS. DORIS ROSENFELD 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). INFORMANT MRS. DORIS ROSENFELD 219-28-8865 2457 FOREST GREEN RD. #21209 APPROXIMATE RITEGYAL BETWEEN ONN'S I NOW DEATH PART.I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). INCOME. 10 INFORMANT MRS. DORIS ROSENFELD 18 CAUSE OF DEATH (inter only one couse per line for (o), (b), and (c). INFORMANT MRS. DORIS ROSENFELD 210 TO OR SA A CONSEQUENCE OF Conditions, if ony, which gove itself to be underlying couse lost. Information of the couse of the	INKNOWN PHILLIPS UNKNOWN PHILLIPS UNKNOWN No	130 E 35 130	MARYLAND 136 COUN	13c. CITY OR TOW	YES NO NO	2457 FOREST GR	EEN RD. #21209
PART 1. DEATH WAS CAUSED BY:	TYES, NO BUSINESSONS IF YES, GIVE WAR OR DATES 219-28-8865 2457 FOREST GREEN RD. #21209	\$30	FIRST UNKNOWN	PHILLIPS	FIRST	UNKNOWN	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o): PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o): 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 21th, ACCIDENT WAS UNDERLYING CAUSES OF DEATH? YES NO FEB.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse a to immediate cou		(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	- DODEC		209
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY-MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21a INJURY OCCURRED 21a INJURY OCCURRED 21a INJURY OCCURRED 21b INJURY OCCURRED 21a INJURY OCCURRED 21b INJURY OCCURRED 21a INJURY OCCURRED 21b INJURY OCCURRED 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21b INJURY OCCURRED 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21c INJURY OCCURRED 21d INJURY OCCURRE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (Ithis hospital) attended the deceased from 9-12, 19 79, to 10-20, 19 79, that we (we) saw the deceased alive on 10-20, 19 79, and that in (my) (mail) opinion death occurred on the date and hour and from the causes state above, (I) (mail) (id) (id) (id) (id) (id) (id) (id) (id	٨, ٥٢	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	ERMINAL DISEASE OR CONDITION GIVI	EN IN PART I(o)
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270. I certify that (solution of the deceased from 9-12 19 79 to 10-20 19 79 that (we) los saw the deceased alive on 10-20 19 79 ond that in (my) (solution of the date and hour and from the causes stated above, (1) (solidid) (solution view the body after death. 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	220.1 certify that (this hospital) attended the deceased from 9-12, 19 79, to 10-20, 19 79, that we (we) saw the deceased allow on 10-20, 19 79, and that in (my) and point death accurred on the date and hour and from the causes state obove, (1) (m) (did) (10-20 view the body after death. 226. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR, MCD 20-20-99 226. ADDRESS Arthur E. BAKAL 6109 Jenhurst Rd Bitmare, Mcd 21209	- / /		HOUR A.M. MONTH DA	Y YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
saw the deceosed alive on 10-20 19-29, and that in (my) (and) opinion death accurred on the date and hour and from the causes stated obove. (I) (and) (and and view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	saw the deceased alive on 10-20 19 28, and that in (my) (may) opinion death occurred on the date and hour and from the causes states obove. (1) (may) (may) (may) (may) opinion death occurred on the date and hour and from the causes states obove. (1) (may) (m	MED	WHILE NOT WHILE AT WORK		RM, ETC) STREET		
	226. PHYSICIAN'S NAME (TYPE ORPRINT) PHYSICIAN DIRECTOR PHYSICIAN DIR	em Z I IS ma	saw the deceased alive on above, (1) () (did) (did)		f ond that in (my) (my) opini	, 10	r and from the causes stated
	230 BURIAL CREMOVAL 230 BTE 22, 1979 23 STYLE STOR CREMATORY 236 LROSEDALE BALTO. STATE		226. PHYSICIAN'S NAME (TYPE OF		22e. ADDRESS	DIRECTOR PHYSICIAN	

STATE OF MARYLAND

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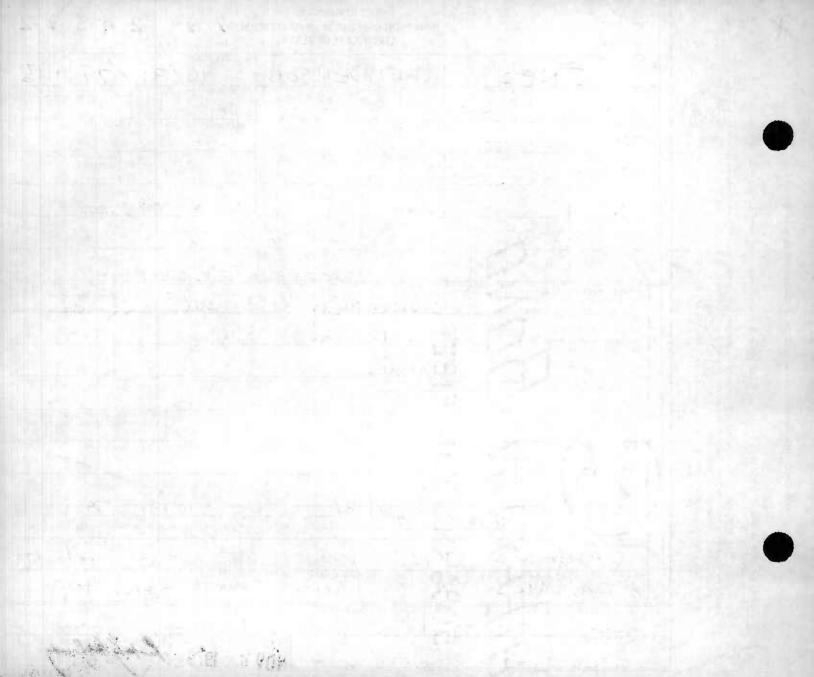
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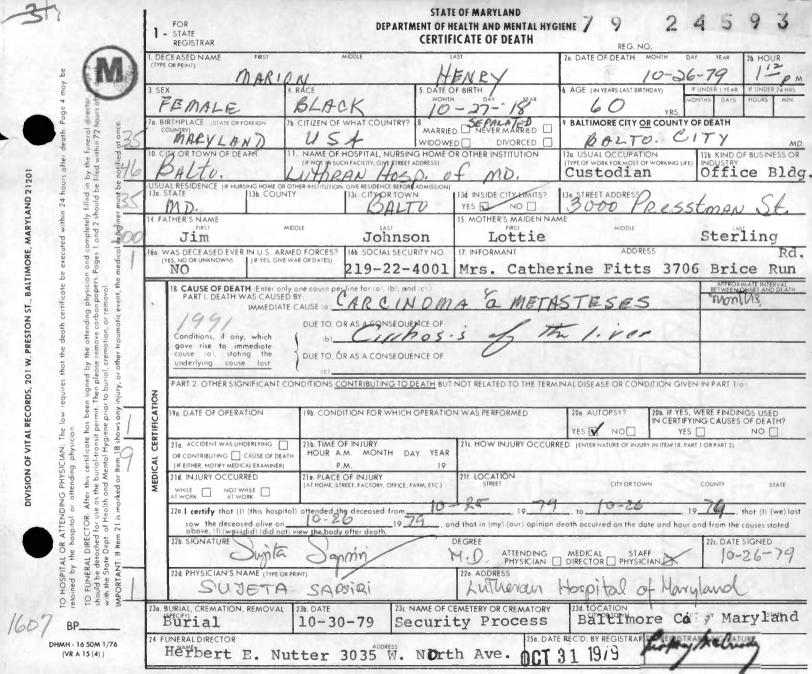
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2s. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) beaden Six AMMA 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS Black **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (Type of work for most of working life) INDUSTRY
Teacher-Retired Public Sch. ven/DENT USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS COLISCE AND BAL 13a STATE 13h COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 2 ALT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Annie Jöhn MIDDLE Howard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT 219-01-0833 Mr. Ernest Cu tis 3815 Dolfield Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c) PART I. DEATH WAS CAUSED BY VLMONARY MINS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TN F13/21 T10 N 170 CAADIAL Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 210 PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram 24_19_79_, and that in (my) (owr) apinion death accurred an the date and hour and from the causes stated saw the deceased alive an. abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22r DATE SIGNED FUNERAL E ATTENDING PHYSICIAN MEDICAL CRCS (C DIRECTOR PHYSICIAN [7] 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a ADDRESS IMPORT/ MOVIDBUT HOSPITAL, 2600 LIBERTY HTS. ROBERT LWAN Mt. Auburn Cemetery Baltimore City Maryland 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10-29-79 24 FUNERAL DIRECTOR **DHMH-16 25M** Herbert E. Nutter 3035 W. North Ave. (VRA 15, 4) 1/79

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Inc./1101 E. North

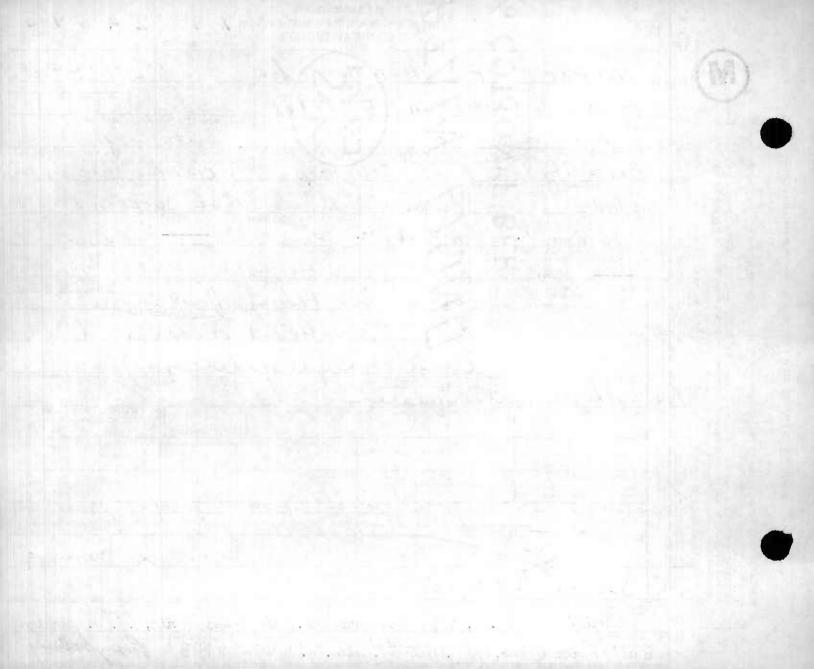
Wm. C. March Funeral Home.

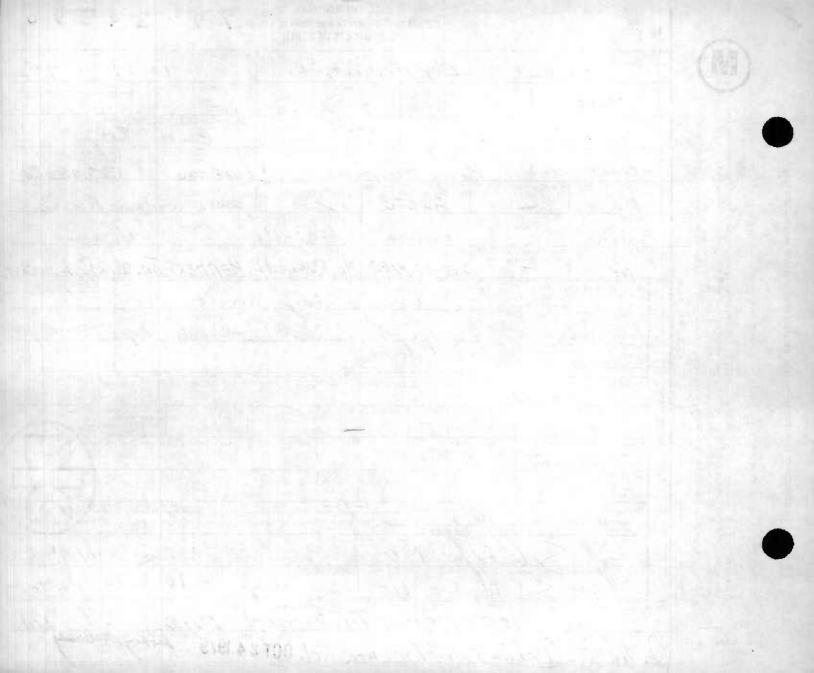




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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR FUNDER 24 HRS HOURS ucasian BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED NEVER MARRIED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY A+O SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1130/COUNTY 1131/CITY OR TOWN 130. STATE CITY OR TOWN 13e STREET ADDRESS timore 1602 nall lanc 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3001 unk BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ATED TO THE YERMINAL DISEASE DIVISION OF VITAL RECORDS. CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? 18 shows NO YES [NO [burial-transit p Mental Hygier 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hern MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 10 220.1 certify that # (this haspital) attended the deceased from sow the deceased alive an obove, (I) (****) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN AAPORTANT 224 PHYSICIAN'S NAME 22e ADDRESS 日日 Masi 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Glen Haven Mem. Park Burnie, A. A. (o. Maryland 24. FUNERAL DIRECTOR Funeral Home, 130 E. Fort Ave. Balto. Md. DHMH - 16 50M 1/76 (VR A 15 (4))





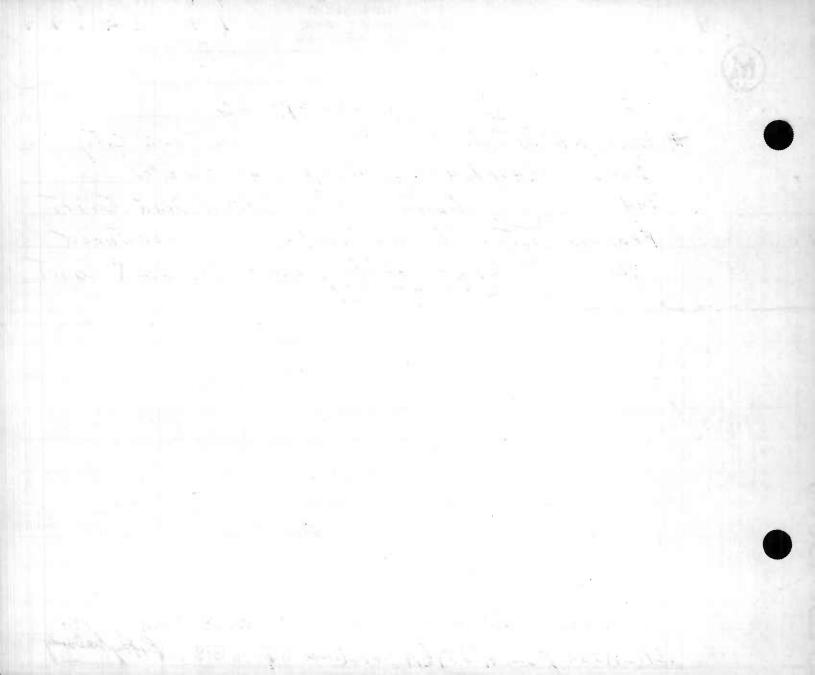
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Hergenroeder 2a. DATE OF DEATH MONTH 1. DECEASED NAME LTYPE OR PRINTS HARRIETT HERENROEDER OCTOBER 3 SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) # UNDER 1 YEAR IF UNDER 24 HRS Feb. 13" 1903 DAYS HOURS White Female BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Baltimore, Md. BALTIMORE CITY WIDOWED 0 DIVORCED | 18 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Tupist Advertising Co. USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 131. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Md. 130 N. Belnord Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Betz MIDDLE Howard Miller Margaret Baltimore, ADDRESS Md. 21224. 40 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 217-20-2985 Mrs. Norma Brietenback-130 N.Belnord Ave. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF ~ 2 WKS anovic. brain damas Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause a cardienulmonary arrest after scusica 206 JEYES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED MCERTIFYING CAUSES OF DEATH? NOIL 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH JIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital nattended the deceased from, sow the deceased alive on 0 2 +9
obove. (we) (did) (did not) view the Body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS HOPKINS HOSP 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23a BURIAL, CREMATION, REMOVAL Burial Holy Redeemer Cemetery -Baltimore. Md. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR John H. Moran, Inc. ADDRESS Politimore, Add. 21224 **DHMH-16 25M** (VRA 15, 4) 1/79 3000 E. Baltimore St.

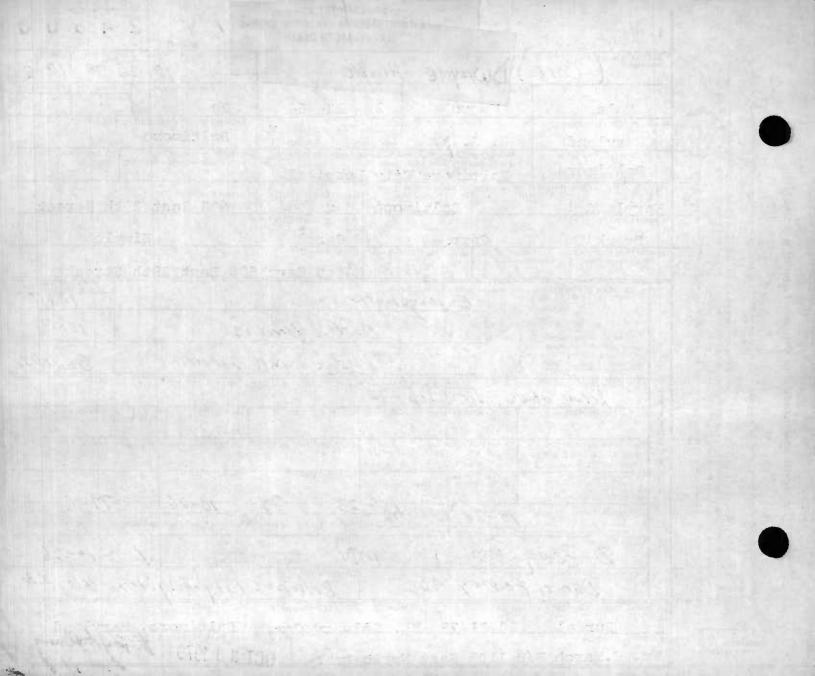
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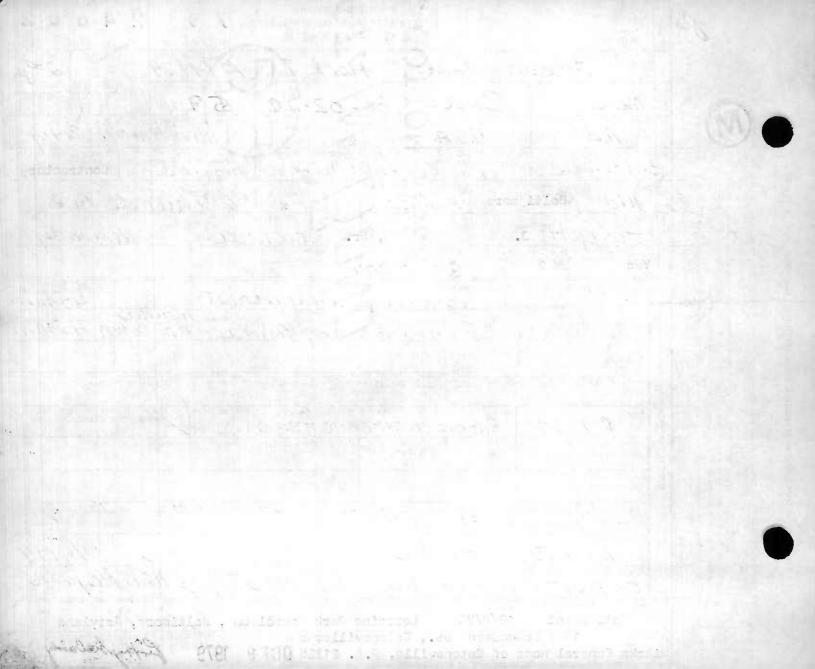
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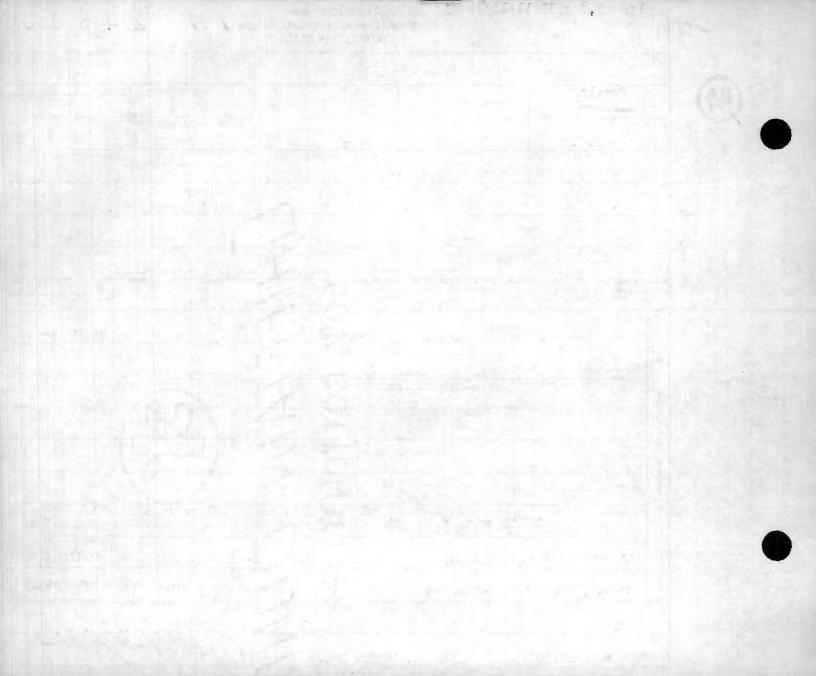


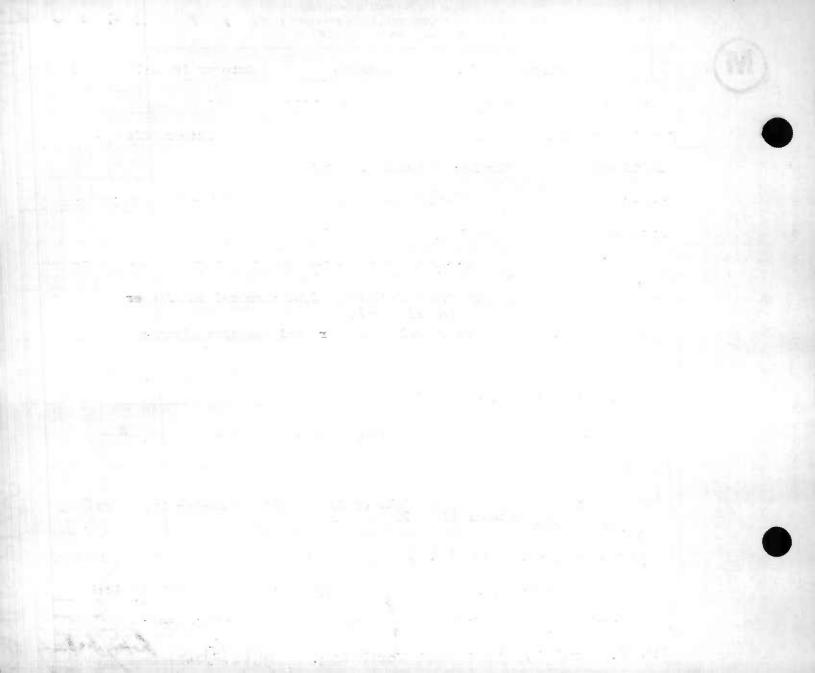
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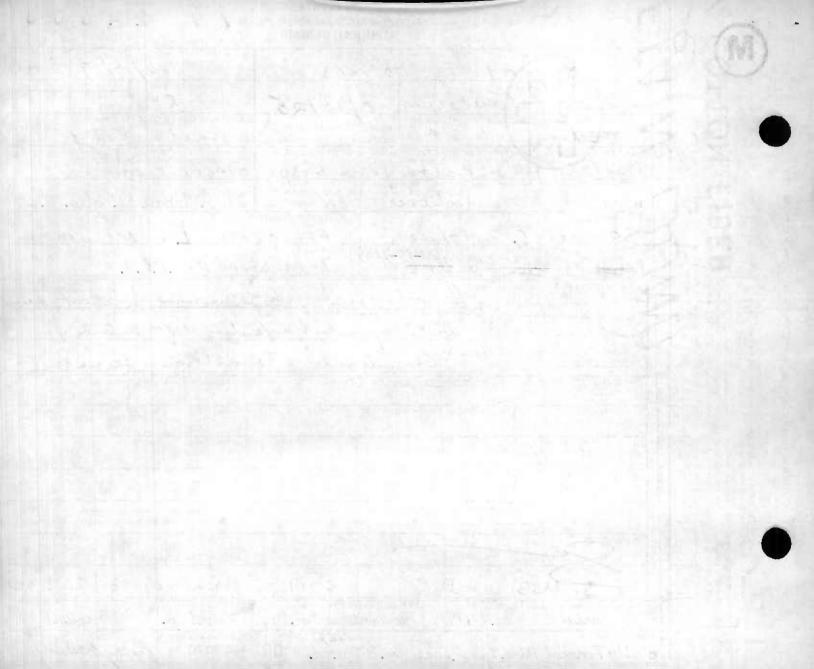


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L RECO	FICA	190 DATE OF OPERATION	196 COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	USES OF DEATH?
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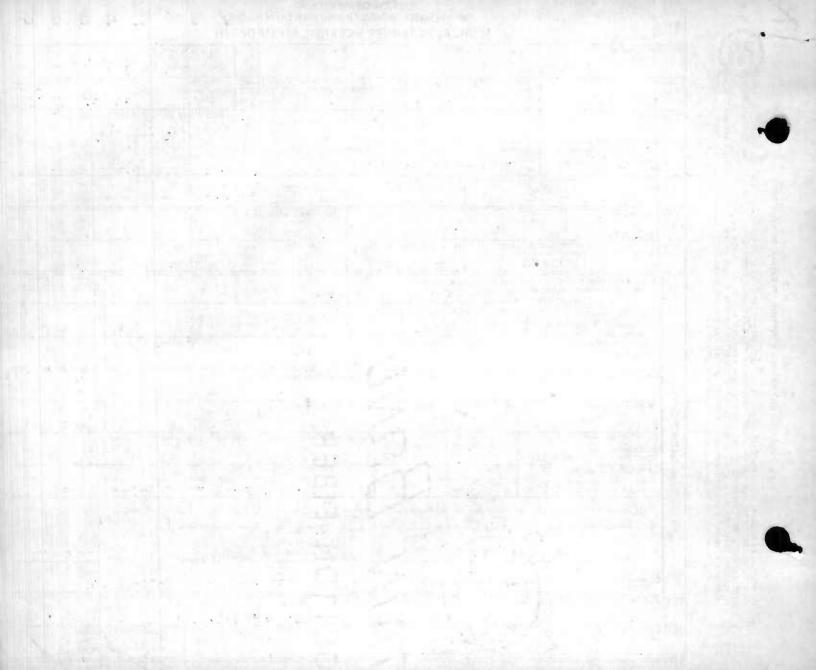


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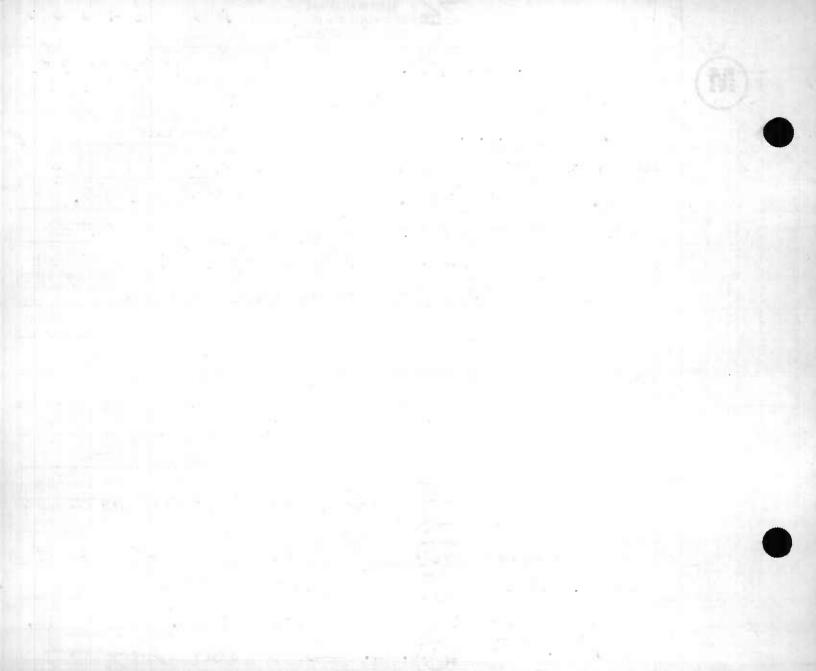
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W. PRESTON STREE		S DATE OF BIRTH 6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 24 HRS	_ 10	249 79 M
3. SE	Male Black	Dec. 31, 1950 18 YRS.	MONTHS DAYS HOURS MIN	PRONOUNCED DEAD 10	2419 79 1:20:
/ _ 7a. 1	BIRTHPLACE (STATE OR OREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
1 /	shington, D.C.		/IDOWED DIVORCED	Baltimore Ci	tar MD
50 10.C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, O			12b. KIND OF BUSINESS OR INDUSTRY
~/	Baltimore City	University Hospita	en .	struction worker	
	AL RESIDENCE (IF IN NURSING HOA	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		TREET ADDRESS	
DM	Maryland	Baltimore		mown	
30 H. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	WIDDLE	LAST
	Mashington Mashington	Williams	Evelyn	Baile	ey
G 160.	WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	O. IT. INFORMANT	ADDRESS	
Y	22	nown 579-64-8665	Evelyn B. Reyn	olds, 10249 Prince	
	DART I DEATH WAS CALL	only one couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CI I MAMED	ATE CAUSE (o) Gunshot Wound	of head		
	1657	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, whi	te (b)			
	couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
. 3		(c)			
CATION	PART 2 DTHER SIGNIFICANT CONDITIO	NS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL	. DISEASE DR CONDITION GIVEN IN PART I (a).		
- SE	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?		20. AUTOPSY?
1 5					YES TO NO
CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED LENTE	R NATURE OF INJURY IN ITEM 18 PART 3 OR PAR	at to
J ¥	UNDERLYING TO CAUSE O	F DEATH 8:05P.M. 10 22 19 79	subject shot		
MEDICAL	21d INJURY OCCUPPED	21e. PLACE OF INJURY (ATHOME, 12	TH. LOCATION		
¥	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) pharmacy	400 S. Hammond Fe	city or town coulerry Rd. Lansdown	
			[7 7]		
				Inquiry . and in my opi	inian
	death resulted from: No	turol couses 🔲 , Accident 🔲 , Suicid		etermined monner,	
			TITLE (SPECIFY)		
	ACTUAL	11/1/11	,	DATE	70/05/50
	ACTUAL SIGNATURE	Gran	M.D. Assistant ME	DATE SIGNED	10/25/79
2	SIGNATURE	Hormez R. Guard. M D	M.D. Assistant ME	DICAL EXAMINER SIGNED	
2	EXAMINER'S NAME (TYPE OR PRINT)	Hormez R. Guard, M.D.	M.D. <u>Assistant</u> ME ADDRESS 111 Per	n St. Balto.,	MD.
	EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAI (SPECIFY)	236. DATE 23c. NAME OF CEMET	M.D. Assistant MEADDRESS 111 Per ERY OR CREMATORY 234	DICALEXAMINER SIGNED DI St. Balto., DOCATION TO STOWN COUN	MD.
C	EXAMINER'S NAME (TYPE OR PRINT)	236. DATE 23c. NAME OF CEMET	M.D. Assistant ME ADDRESS 111 Per ERY OR CREMATORY 23d Cr S' Crematory Wa	n St. Balto.,	MD. TY STATE D.C.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



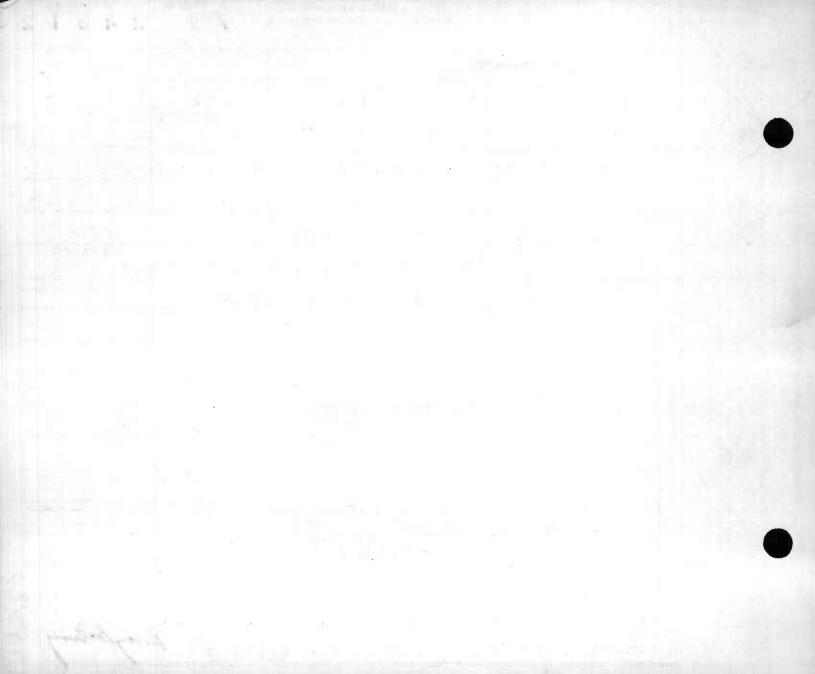
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	GIENE	7 9 REG. NO	2	4 6)	2
m.e / \		CEASED NAME	PMST	Taraba S	DDIE		AST	2a DATE C		MONTH DA	Y YEAR	26. HOUR	
offer deat	1, 58	XXXXXX	ML H	oward, Bla	Harris ck	5. DATE (DF BIRTH	& AGE (IN	YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24	HRS MIN
1) 13	C	RTHPLACE (STATE ORF	nd	United	what countr States	MARRIE		Ba	ORECHY <u>O</u>I ltimor	COUNTY C e City			MD.
The said		Baltimore		Union	Memoria	al Hosp	or other institution	(TYPE OF WO	OCCUPATION ME FOR MOST OF	WORKING LIFE	126 KIND O INDUSTRY PVt.		
and blood	13 ₀	AL RESIDENCE (# NUR STATE Md	SING HOME OR OTH		Baltime	ORE ADMISSION) OMO OMO	138. INSIDE CITY LIMITS? YES MO	13e. STREET		irlev	Avenue		
800	14. F	James	MID	R.	Howa	rd	15. MOTHER'S MAIDEN N	AME	WIDDLE		offe	r	
Poges 1		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE WA		220-3		Mrs. H. N	Norman	Baet	-			
en signed by the atten Then please remove c or to burial, cremotion, y injury, at other traum	TION		mediote ng the lost.	DUE TO, OI		DUENCE OF	NOT RELATED TO THE TER						
of permit	CERTIFICATION	190 DATE OF OPERA		196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUT	NO 🗔		WERE FINDIN ING CAUSES		?
certificate intol-transitiental Hygi frem 18 sh		21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY	Y IN ITEM 18, PAR	T 1 OR PART 2)		
ter this of the burner of the	MEDICAL	21d INJURY OCCUR	HILE [21e PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY OR TOW	н	COUNTY	STATE	E
D FUNERAL DIRECTOR: Aftition onld be detached for use on the the Stote Dept of Health PORTANT: If them 21 is more		220. I certify that of saw the decease above. (I) (we) (22b. SIGNATURE	(this haspital) did olive on did) (did not) v	Lew the bady	19	77.0	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR	STAF	IAN []	22c. DATE		,
should should with the	23a.	Paula A BURIAL, CREMATION SPECIFY) SUrial					EMETERY OR CREMATORY S Mem. Par	CITY	ATION	(OUNTY	STATE	
P HMH-16 20M RA 15, 4) 7/78		UNERAL DIRECTOR Herbert	e. Nu				25a Q/	ATE REC'D. BY		-	arylar	hung	



ADDRESS

1101 E. North Ave

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

Wm C March F/H

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

TYPE OF PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

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STATE

... that (1) (we) last

22c. DATE SIGNED

IF UNDER 24 HRS

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DAYS

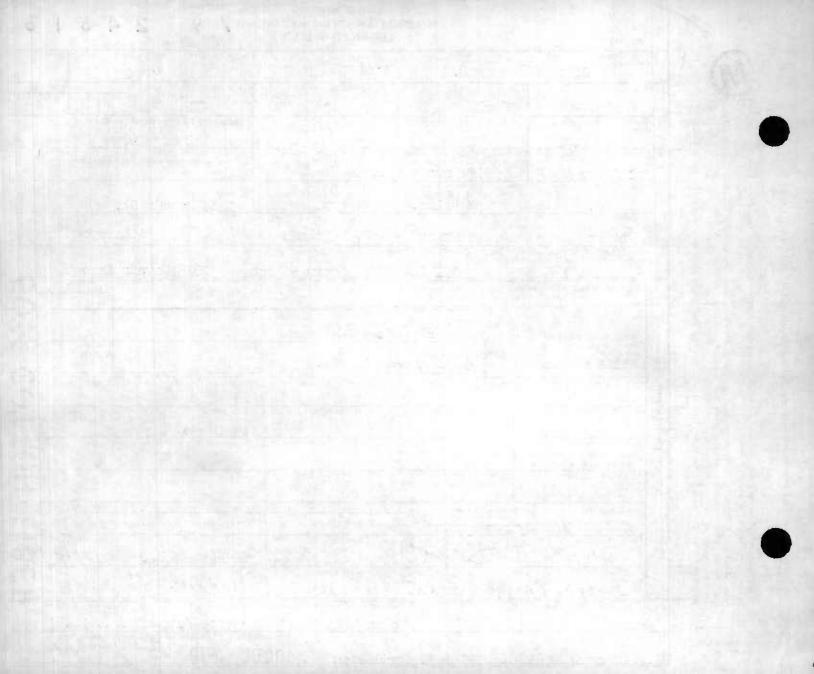
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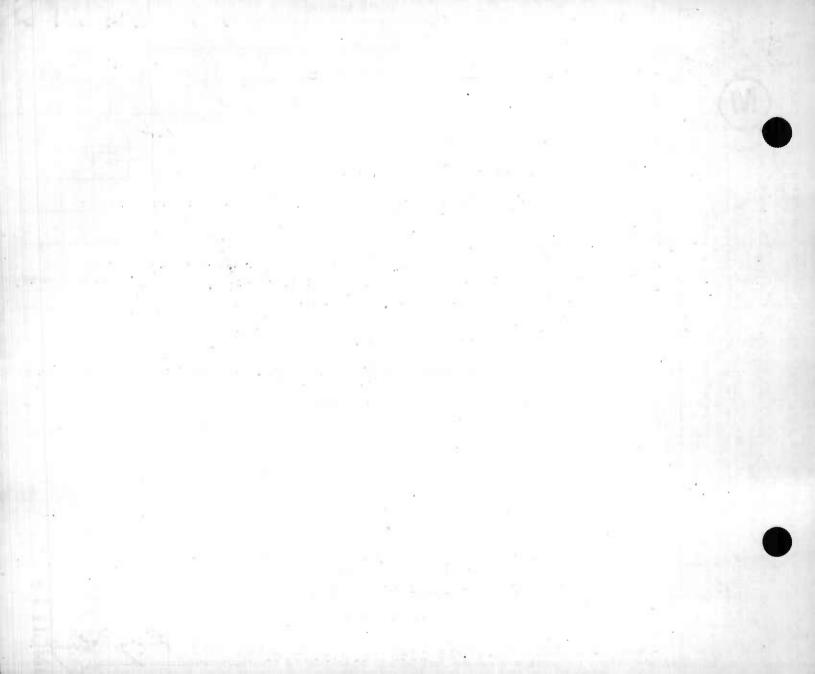
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COUNTY

20 DATE OF DEATH







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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20. DATE OF DEATH . DECEASED NAME MONTH (TYPE OR PRINT) William G. Hutchinson 10 26 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Black Male 10 TO BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Kentuckey U.S.A. Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Baltimore 3701 Dennlyn Road ASSISIANT MUR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 136 COUNTY Maryland 3701 Dennlyn' Baltimore YES TO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John. MIDDLE Hutchinson Lavania MIGOLE Downs 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Road. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR MINOWN) (IF YES, GIVE WAR OR DATES) 704-03-5411Mrs. Dora E. Hutchinson 3701 Dennlyn 8 CAUSE OF DEATH (Enter only one cause per line_ C ARREST secondary PART I. DEATH WAS CAUSED BY ERESSCLEROTTE HEART DISTAS Conditions, if any, which APOF MYOCARDIAL INFARCTION gave rise to immediate cause (a), stating underlying cause ANGINA PECTORIS, HEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED ŏ 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) Whis hospital) attended the deceosed from, saw the deceased alive on. and that in (my) tours apinion death occurred on the date and havr and from the causes stated obove, [] (ma) (did) (did nat) view the bady SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN \pm should be detr with the Stote IMPORTANT: I 22 d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Dr. Carlton L. Sexton M.D. 819 Park Ave. Balto, Md. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10-31-79 Baltimore Co. Maryland Arbutus Memorial BY REGISTRAR 256. REDISTRAR'S SYNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Herbert E. Nutter 3035 W. North Ave. (VR A 15 (4))

Ralto.

Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

12h KIND OF BUSINESS OR

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COUNTY

22c DATE SIGNED

DAYS

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IF UNDER 24 HRS

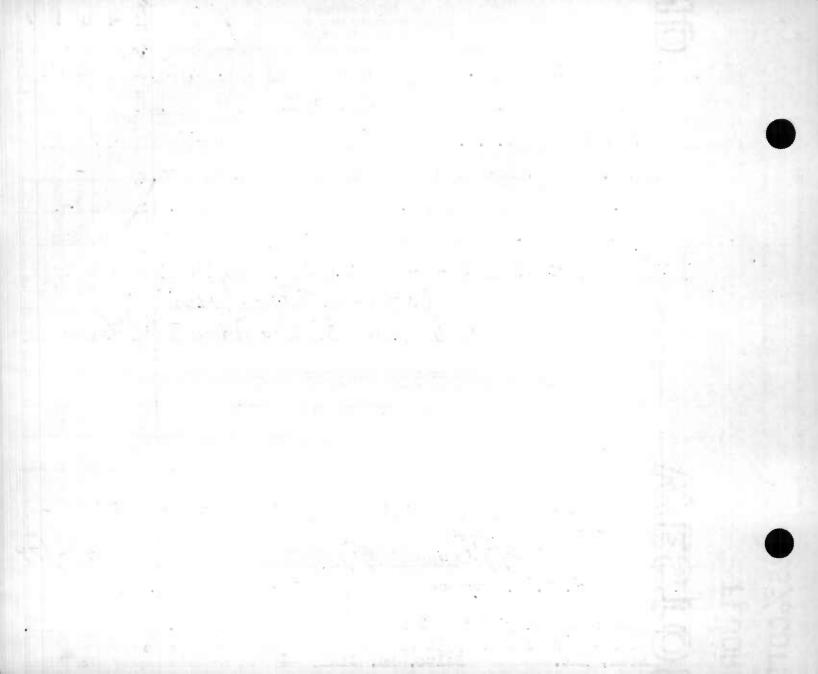
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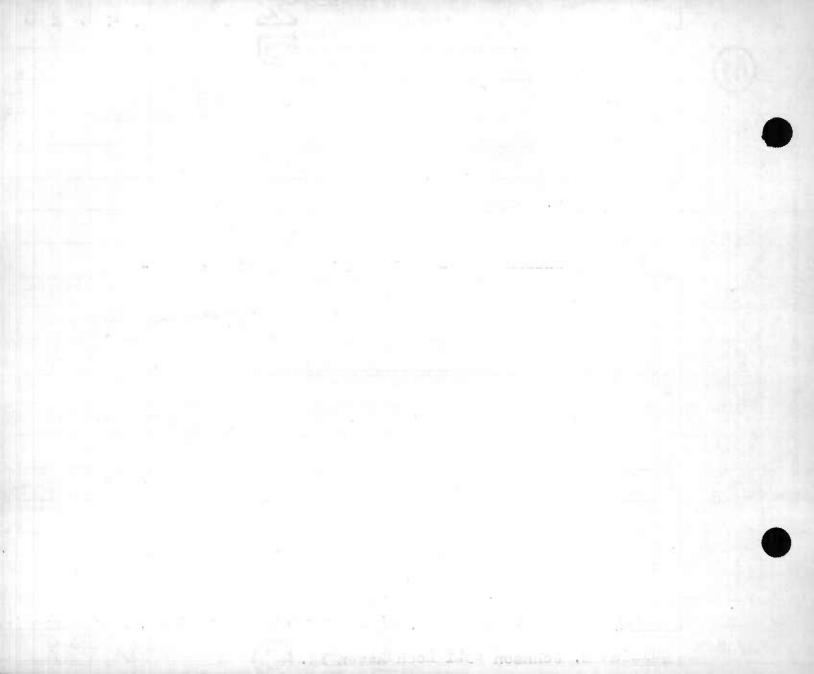
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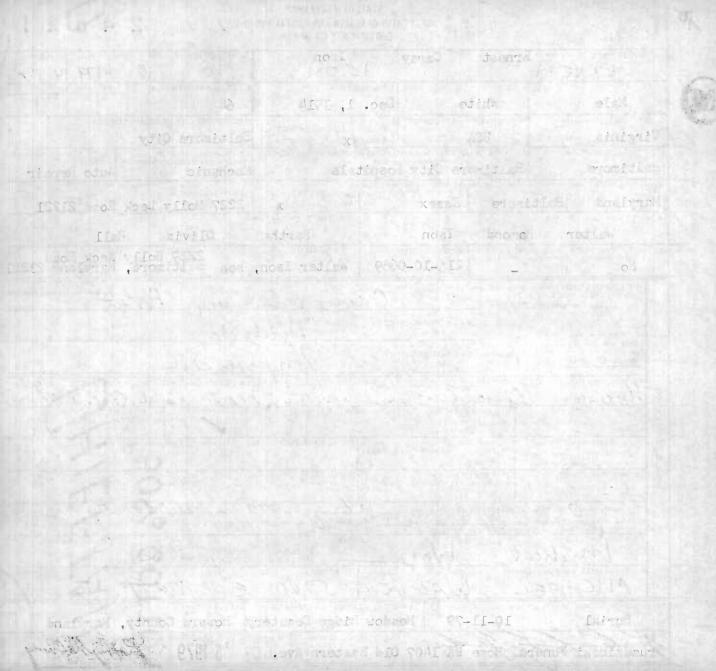
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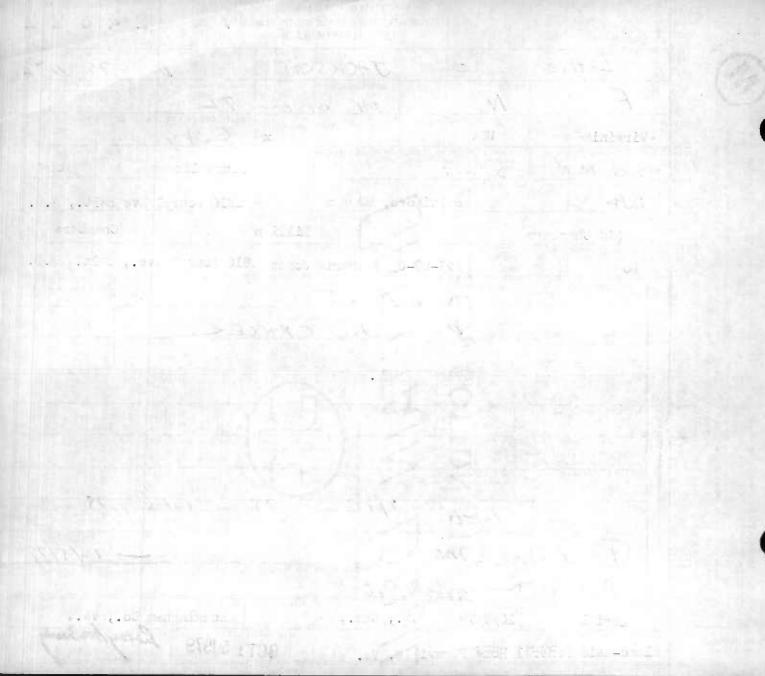
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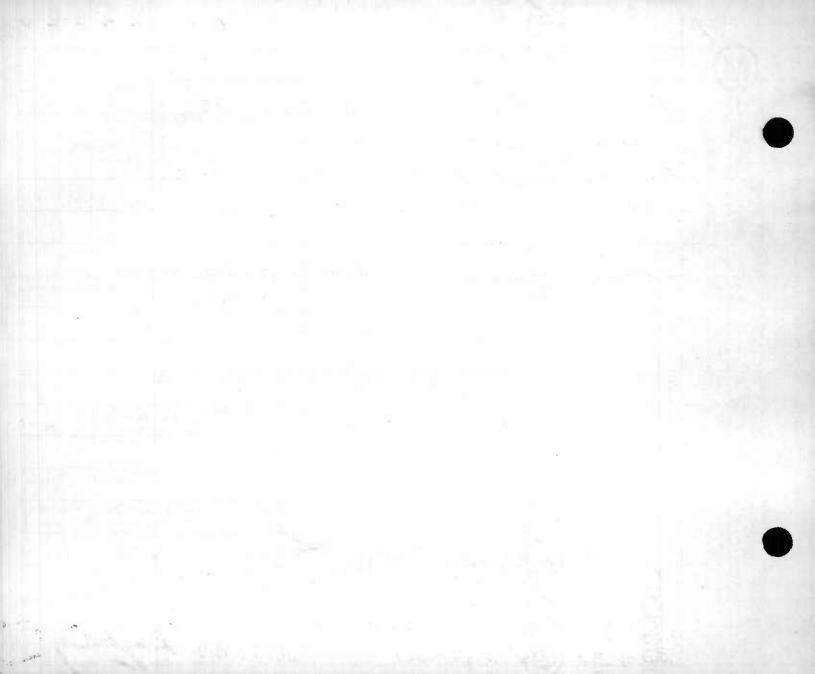


	1 -	STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. N	24020
		CEASED NAME FRST	J D	lrvin	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 3 18 P
ge 4 mo	3. SEX	M	1 RACE Cauc	S. DATE OF BIRTH MONTH DAY YEAR O O O O O O O O O O O O O	AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN
72 g 72 g		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY C	OR COUNTY OF DEATH
	10 CI	Balhmore	11. NAME OF HOSPITAL, NURSIN	ADDRESS) Maryland	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY
filled in ould be	USUA 130. S	AL RESIDENCE (IF HURSING HOMEO TATE 136, COU	ROTHER INSTITUTION, GIVE RESIDENCE BIFOR NTY 13c. CITY OR TOW Marys Ne(44)	N _ 1/ 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	-A
completely s I and 2 sh	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA FRIST Mildred	ME , MIDDLE	LAST
Page Page	{Y	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (# YES, GIV NO -	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 229-90	2 00	ADDR Irvin Box	
a physicio anpapers: emaval event, the		PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), an ED BY: BACTP TE CAUSE (a)	cial sepsis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
the death ce the attending remation, ar re er troumatic		2050 Canditions, if any, which	DUE TO, OR AS A CONSEQUE	preof perforation		3~h
by by by cr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ence of unelocytic	leuken	nia 6 mo
requires the signed of the ples of the ple	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)
the law retains the law retains the law retains the law sany in la	CERTIFICATION	10/9/79	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20€ AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The it ending physician. this certificate has be burial-transit per a burial-transit per dor item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR 19 21c HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART 2)
DING PHYSICIA or ottending pl After this certif se as the burial-t olth and Mental morked or them	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
		saw the deceased alive or	ontol) attended the deceased from	Sentember, 19 27, ond that in (my) (our) apinion	to 10/4 death occurred an the d	ote and haur and fram the causes stated
TAL CA. ATTEN y the haspital AAL DIRECTOR detached for us rate Dept of He NT: If Hem 21 is		226 SIGNATURE	Lischli	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN D 22c. DATE SIGNED
HOSPI ined b FUNEI wild be h the Si		220 PHYSICIAN'S NAME (TYPE C	1 . / / 0	220 ADDRESS (RC	775	Greene St, Ball
BP	(5	URIAL, CREMATION, REMOVAL	10/15/79 W	Field Baptist	23d LOCATION CITY OR TOWN West Fi	ield. North Caro
	24 FU	INERAL DIRECTOR	hnson 8521 Io	25a. DAT	E REC'D. BY REGISTRAR	

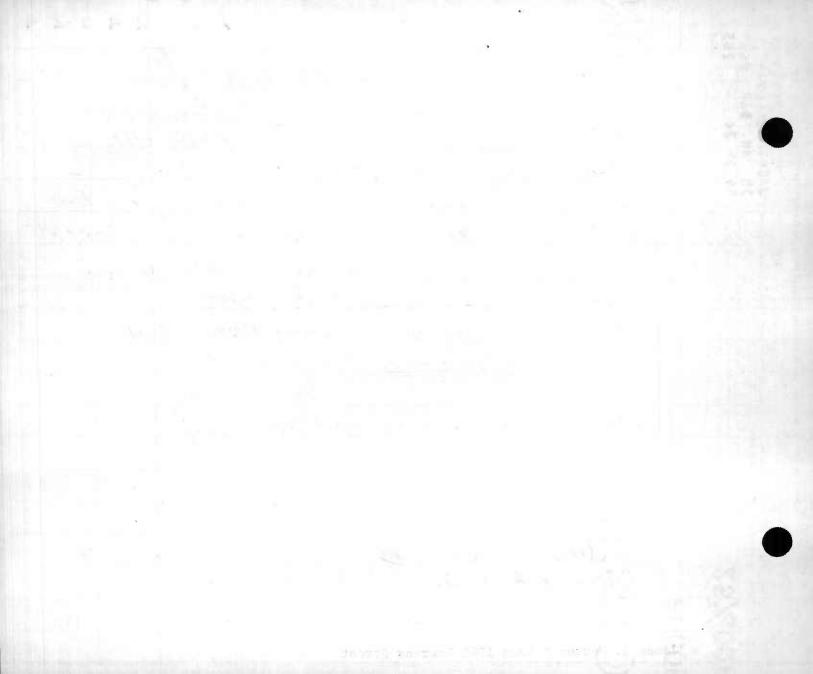




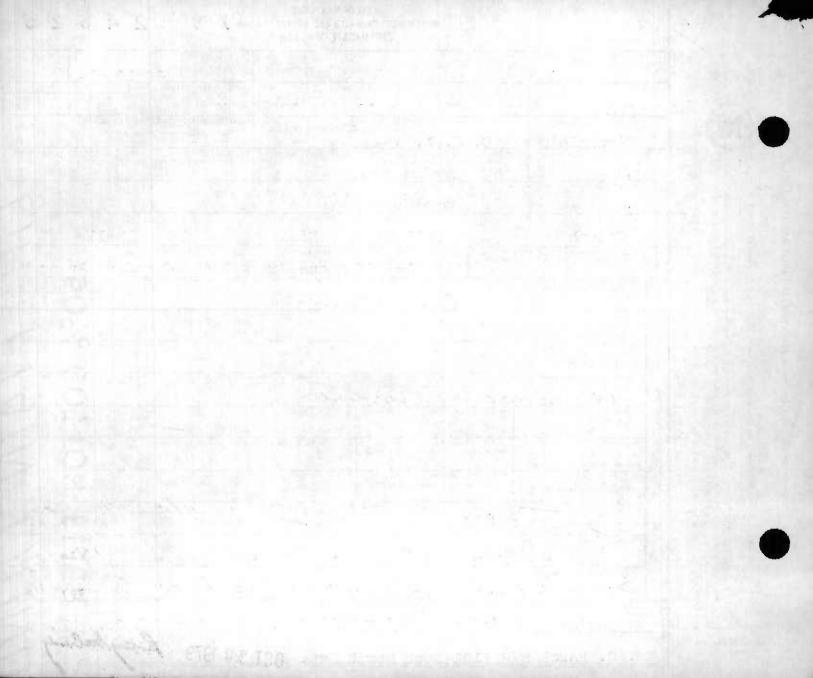




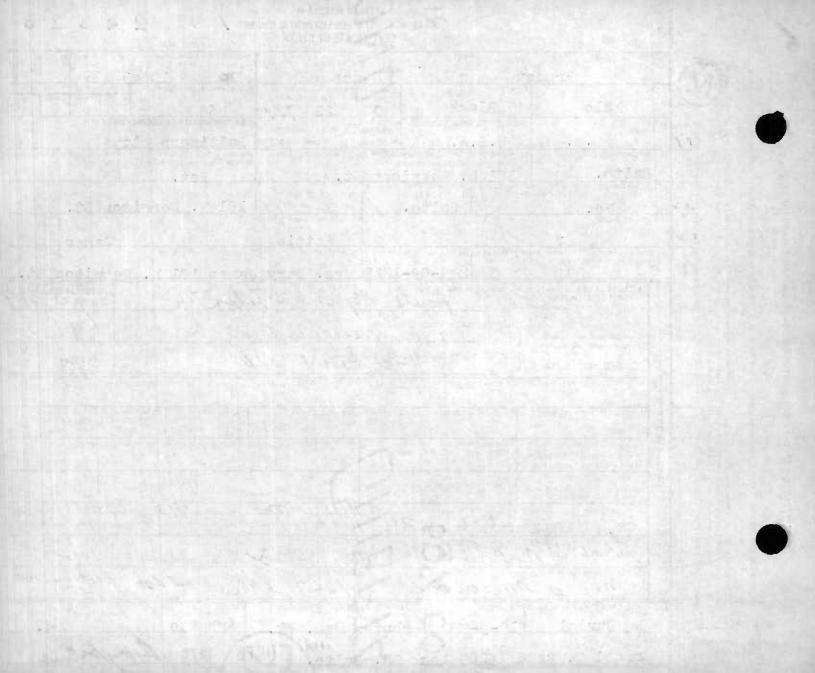
	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 9	2 4 6 2
). Di (TY)	CEASED NAME FIRST MELV	MIDDLE	TAT LICE AL	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SI	x	4 RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	
100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	1)26. KIND OF BUSINES
USU 13e.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	VN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	HAVEN ROAD
IA F	ATHER'S NAME FIRST MELVIN	MIDDLE LAST	15, MOTHER'S MAIDEN NAM	AE MIDDLE	BARTET
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	RMED FORCES? 166, SOCIAL SECULAR OR DATES)	MYS. BARTE	ADDRESS 1248 G	ENHAUEN BETWEEN ONSET AND DE
any injury, or other traum	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (ENCE OF JULIANUE BELLE DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED		I GIVEN IN PART TO
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7	OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D	AY YEAR	LED (ENTER NATIONE OF INJUNY IN THE	n to, FART I OR FART 2)
Item 18	ALL WILLIAM OCCUPATO				
orked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STAT
If Rem 21 is marked an	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased alive an	(AT HOME, STREET, FACTORY, OFFICE, ital) oftended the deceased from	ond that in (my) (our) opinion of DEGREE	to JOTO THE date and	I haur and fram the causes state. 27c. DATE SIGNED
orke	WHILE NOT WHILE 27 AT WORK 270.1 certify that (1) (this hasp saw the deceased alive on above, (1) (we) (did) (did no	(AT HOME, STREET, FACTORY, OFFICE, ital) attended the decased from	ond that in (my) (our) opinion of	death occurred on the date and	I hour and fram the causes state 170. DATE SIGNED



	1							REG.			
		CEASED NAME OR PRINT)	FIRST		MIDDLE	LAST		20 DATE OF DEATH	МОМТН	DAY YEAR	21
			EDNA			JAMES				29 79	
	3. SE	X	-61-2	4 RACE		5. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	_
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		gave rise to in	ny, which	(b)							
		gave rise to in	ny, which mmediate ting the	(b)	R AS A CONSEQUE						
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View	Ad		Ernes	st	James	10	3 79 M
HL	(1)	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs a			Male	Black	MONTH DAY YEAR	66 YRS.	MONTHS DAYS HOURS MIN
NO.	e .		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	677		S.C.	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	t.vr MD.
	po	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
	00		Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET A		TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
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-	Hem 1	7	OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
	or the	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
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2	.5		sow the deceased alive on	7/24 197	ond that in (my) (our) opinion	deoth accurred on the date and ha	
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	±		1000 47	willes TAD	M A ATTENDING	MEDICAL STAFF	10/1/29
	Ž		224 DHYCK IAN'S NIAME	ruge (U CS)	PHYSICIAN 222e ADDRESS	DIRECTOR PHYSICIAN	10/8/11
DILL III	IMPORTANT		226 PHYSICIAN'S NAME (TYPE O	MILLER M.D.	1047 I	NGCESIDE AVE	Baltimore MB 21228
ñ 3	≤	23a E	URIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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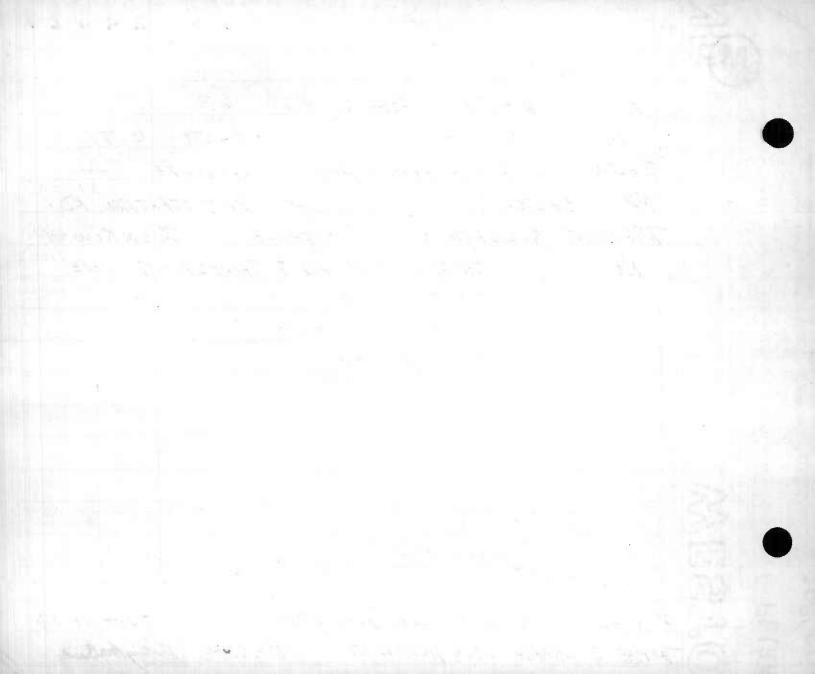
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3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST I DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR JULIANNA JANISZEWSKI 1979 :29P 0CTOBFR 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21222 13e. STREET ADDRESS 136-GOUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 8107 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OF UHKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY MV \(\text{MV \cappa A D D T A} \) MYOCARDIAL INFARCTION WITH CARDIAC ARRHYTHMIA IMMEDIATE CAUSE (o) oraș a consequence of ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if any, which gove rise to immediate (a), stating HIGH BLOOD PRESSURE couse lost. 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK to ACTORER and that in (my) four opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING DIRECTOR | PHYSICIAN CHURCH HOSPITAL CORPORATION, 100 N.

underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 220 I certify that (I) (this hospital attended the deceased from 21 19 7 sow the deceased olive on UCTUBER 21 obove, (1) (we) (did (did not) view the body ofter death 22h SIGNATURE A. F. NAZEMI BALTIMORE, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION, REMOVAL 236. DATE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the that should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

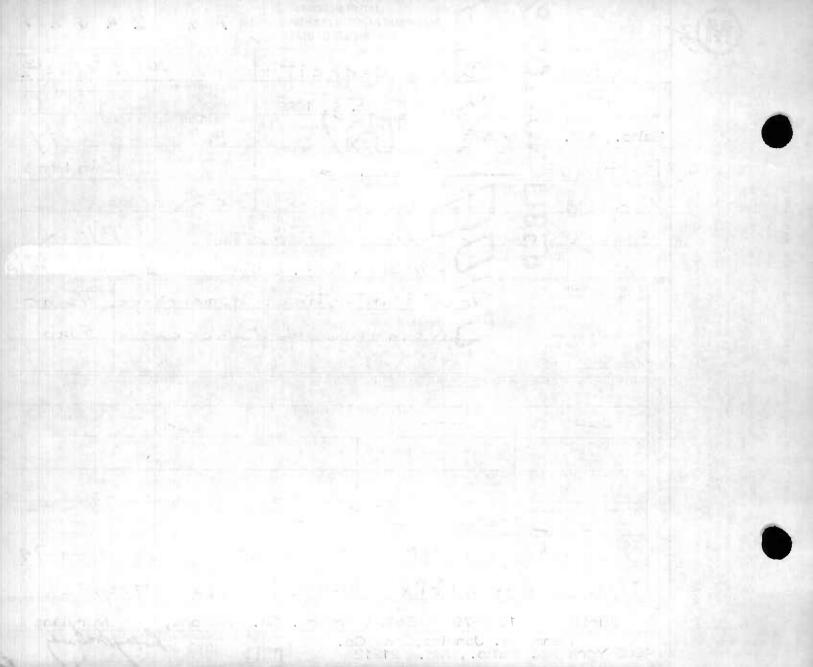
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0	- STATE REGISTRAR				ICATE OF DEATH	REG. NO	2 7 0	
	DECEASED NAME	FIRST	MIDDLE		AST	2a. DATE OF DEATH		26. HOUR
	λ	Aarv	Lee	Jarm	o n	10-19-1	979	M
3	SEX		RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
	Female		Black		24-1916	62	YRS DAYS	HOURS MIN.
7 70	BIRTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
0	Texas		USA	WIDOWE	DIVORCED	□ Baltimor	e City	MD.
10	O. CITY OR TOWN OF DE	ATH 11	. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR
10	Balto.			eder Str	eet	Housewif		
26 13	ISUAL RESIDENCE (IF NUR: 30. STATE	13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE 13c. CITY O	R TOWN	134 INSIDE CITY LIMIT	TS? 13e. STREET ADDRESS		198
0	Md		Balto		YES 📉 NO 🗌	248 N. Full	ton Ave.	
2 14	I. FATHER'S NAME	MIDI	DLE LA	ST	15. MOTHER'S MAIDER	N NAME MIDDLE	Baltinist .	AST
9	Un	known				Unknown		131
16	O. WAS DECEASED EVER	IN U.S. ARME		L SECURITY NO.	17 INFORMANT	ADDRE	SS	
/	No		455 3	6 2321	Laura A.	Snowden 316	N. Bruce	Street
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	1629		DUE TO, OR AS A CON		0	8	200000	
	Conditions, if any		(b)					
	gave rise ta imi cause (a), statir	ng the "	DUE TO, OR AS A CON	ISEQUENCE OF			The Nation	
	underlying couse	last.	(c)					
2	PART 2. OTHER SIGN	NIFICANT CO	nditions <u>contributi</u> n	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1	(a)
2 NOTACIONAL DE LA COLLA DE LA	■ 19g. DATE OF OPERA	TION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIND	INGS LISED
1 2	3				THE PERIOD OF TH		HA CERTIFYING CAUSE	S OF DEATH?
7 5	21g. ACCIDENT WAS UNI	DERLYING	216. TIME OF INJURY		121c HOW INJURY OF	CURRED (ENTER NATURE OF INJUR	YES	NO D
		CAUSE OF DEATH	HOUR A.M. MONT		I TO THE STATE OF	CORRED (ENTER NATURE OF INJOR	TIN HEM 18, PART OR PART 2)	
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7	22d PHYSICIAN'S	anei	118.000	wy r	PHYSICIA 1220 ADDRESS	N DIRECTOR PHYSIC	IAND 10	22/19
	1	14.1	1/11/1	110	11 17	akin Han F	30 to 312	48
-	JAMES		YOUNG()	MD	Johns To		1100 212	02
23	BURIAL, CREMATION,	KEMOVAL	23b. DATE		EMETERY OR CREMATE	CITY OR TOWN	COUNTY	STATE
24	Burial LEUNERAL DIRECTOR		10-25-79	Arbutus		. Balto.	Mary	
			Son PA 19	ESS TAT TO		OCT 99 1070	DO NO STRAR'S SIC VA	Bude
	isaian L. B	rown &	x Son PA 19	ID W. B	arto, ot.	161 44 1915	1-1-7	

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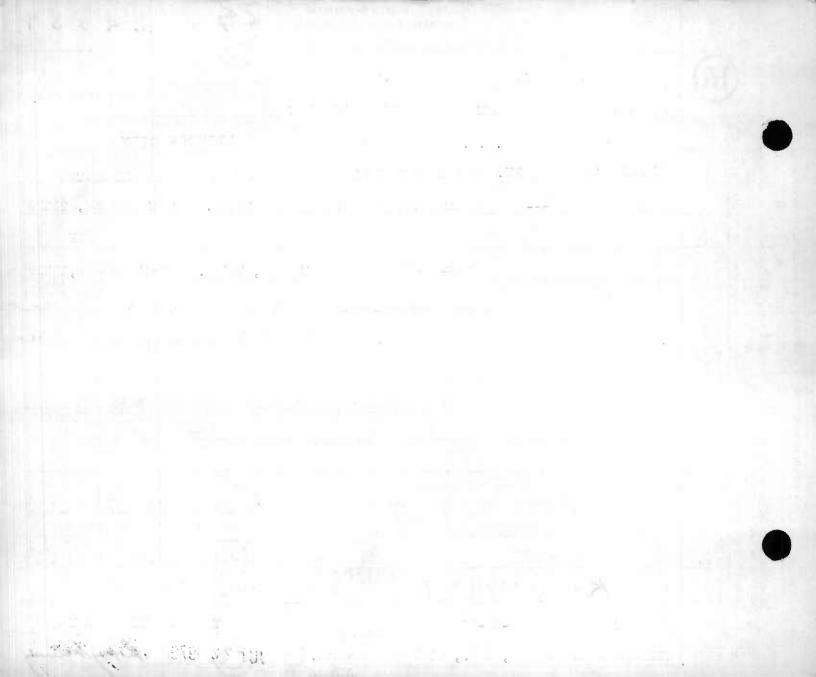
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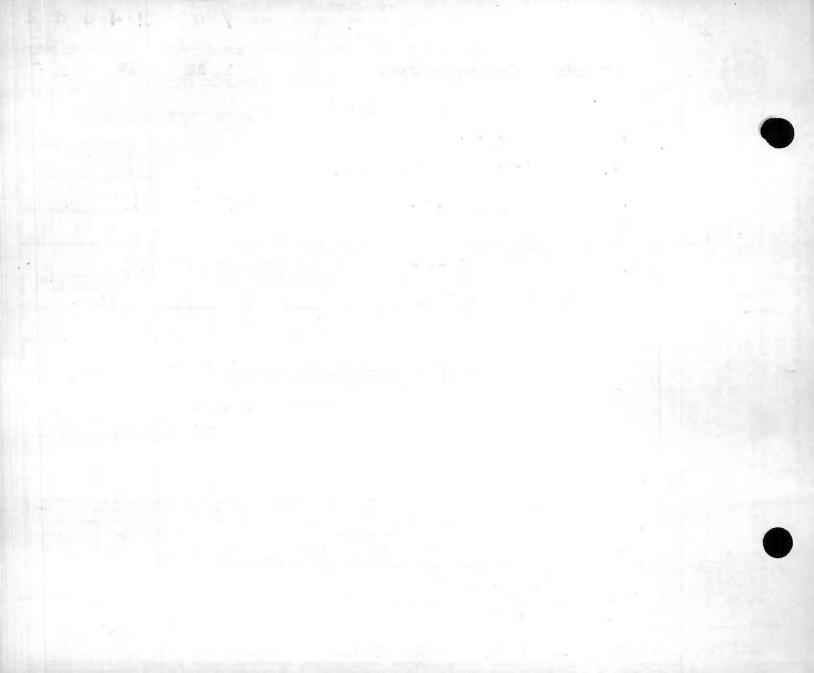
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	actor, page		3. SE)		RACE W	S. DATE C	OF BIRTH	AR	GE (IN YEARS LAST BIRTHI	DAY) IF UN MONTH		UNDER 24 HRS
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501	by the fu	00	E	14 ortown of DEATH Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN STICK FACILITY SIN 213 Ridgew	ood Rd			USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) IN	NOUSTRY OWN H	
MARYLAND 2120	filled in	1835	M	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	TY 136. BY		13d. INSIDE CITY LIM	2	STREET ADDRESS	ge wo	0cl 7	20
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201 W. PRESTON ST.,	ned by the ottending phys i please remove carban pap ouriol, crematian, ar remove	y, or other traumotic event,		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION). Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	na of	- Po	1emorr Lucre	2 5	APPROXIMATI BETWEEN ONSE	h~
AI RECORDS,	an. hos been sig t permit. Ther	ows only infini	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		BS NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
DIVISION OF VITAL	ng phys certifica uriol-tro tentol Hy	ltem 18 sh	MEDICAL CER	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR		OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 (OR PART 2)	
IVISIO		marked or	MED	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
9	H C & D T	21 is ma		22a. I certify that (I) (thro hospit saw the deceased alive an above, (I) (we) (did) (did no	9-24	and the same	, 19 nd that in (my) (our) o	pinion death	occurred on the dat	e and hour and		t (1) (wa) last ses stated
	, =	VT: If Item		22b. SANATURE	lending, t	10		DING ME	EDICAL STAFF RECTOR PHYSICI		10-4	-79
	etained by TO FUNER, should be d	MPORTANT		Thomas R	Hendr	ix	Vohus	Hop	Kine	Hos	bita.	1
7714	BP	≥	23a. 8	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 10-6-79		emetery or crema Presby.	Ch.	Madona,	COUN	Maryla	state and
	NH - 16 50M 1/76	5	24. FL	INERAL DIRECTOR Henry	W. Jenkins	Sons (Co. 2	OCT 5	D. BY REGISTRAR	firty,	hebre	4



1	FOR	DEPARTMENT C	OF HEALTH AND MENTAL H	IYGIENE/ G	4630
1-	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE O	F DEATH REG. NO.	7000
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN TX MON	NIH DAY YEAR 75 HOUR
(TYI	CFE (C	RGE A.	JECELIN	OF ESTI-	10 1 19 79
3 SE		IS DATE OF BIRTH 6. AGE (II	YEARS IF UNDER 1 YR. IF UNDER		
	ale white	1-26-21 58	THDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DE AD	10 1 19 79 a M
70. B	IRTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	9 BALTIMORE CITY OF CO	
	Marzy land	USA	WIDOWED DIVORC	Toltimore Oit	y MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION (TYPE OF WO	ORK 1126 KIND OF BUSINESS
	Baltimore	Baltimore City		RECEIVEY CLOSE K	Leven Brosi
New S	TATE CONDITION OF THE COLUMN TATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	Na 13d. INSIDE CITY LIMITS? a	138186 1008 Invt A	for.
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDE	na MIDOCKIII	ieyez
	WAS DECEASED EVER IN U.S.	ARMED FORCES? VE WAR OR DATES) 16b. SOCIAL SECU		Jocalin 8106 Wa	Inot Are.
		anly ane cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	SED BY: NATE CAUSE (a) Pulmonary	thromboembolism		
20	4151	DUE TO, OR AS A CONSEQUEN	CE OF		
13	Canditians, if any, wh gave rise to immedia				
	cause (a) stating the und lying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF		
		(c)			
Z	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
ATE	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
E	11 - 3 - 5				YES KIK NO
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY Y		D (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
	UNDERLYING OR CONTRIBUTING CAUSE				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	E. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	D State, Action, Fact,			
	District A. D. Co. and D. A. Co. and D. Co.	arge of the remains described above, held a	n Autopsy X Inspectio	n , Inquiry , and in m	ny opinion
		tural causes X, Accident	Suicide , Hamicide	Undetermined manner ,	
1	h	00	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	W W	Assistan	t MEDICAL EXAMINER SI	ATE 10-1-79
1	1 /	0 14-			
	(TYPE OR PRINT)	Ann M. Dixon, M.D.	ADDRESS 11	l Penn St.	
23 a.	LI IAL, CREMATION, REMOVA		CEMETERY OR CREMATORY	23d LOCATION DITY PRITAWN	COUNTY STATE
	1319	10-3-79 SelAir	Memory Gowly S	Politica Hunto	R'S SIGNATURE
24.	DIVERNAL DIRECTOR	1211 ADDRESS Lesaco A	25a. DATE	REC'D BY REGISTRAR 1356. REGISTRA	The Creaty
1	1	1 Dell Cresco 1	~ .		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

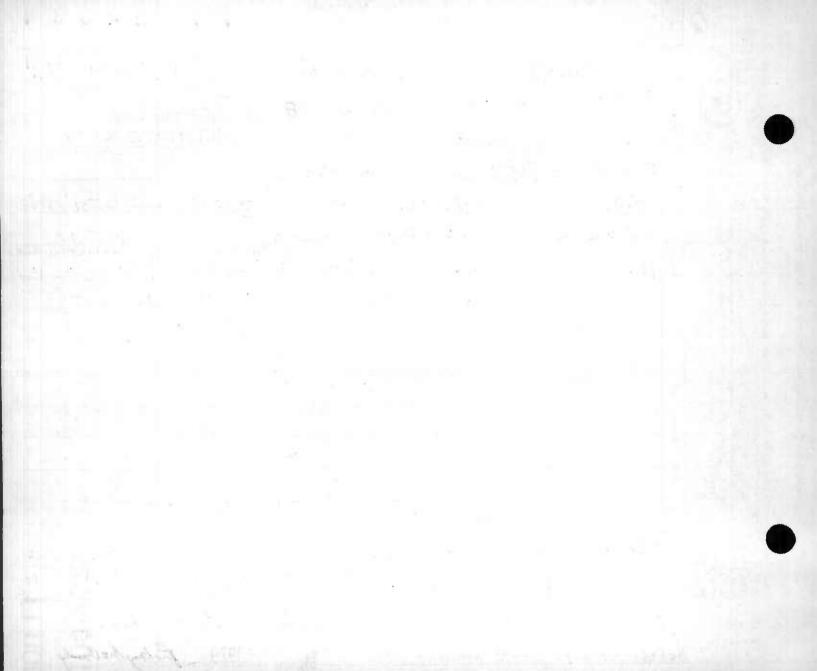
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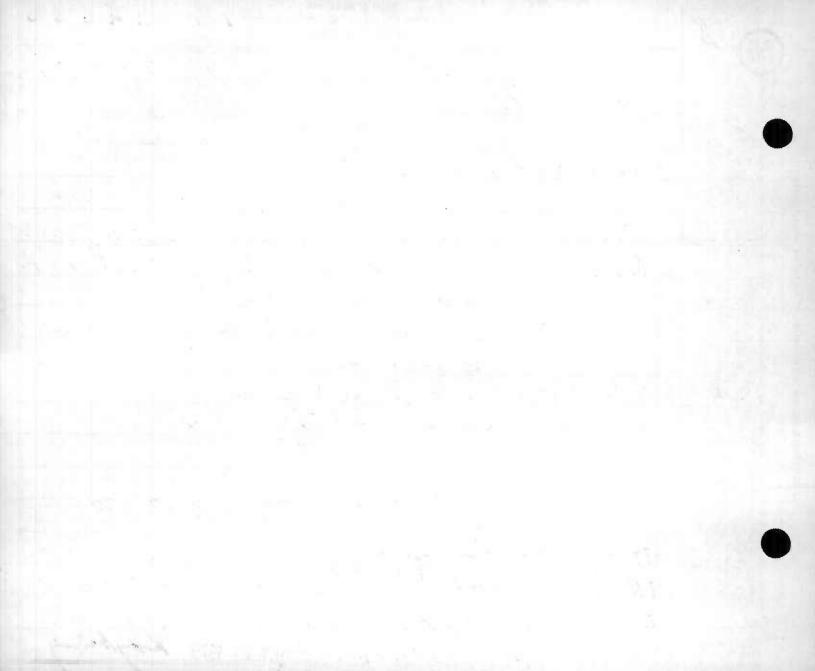
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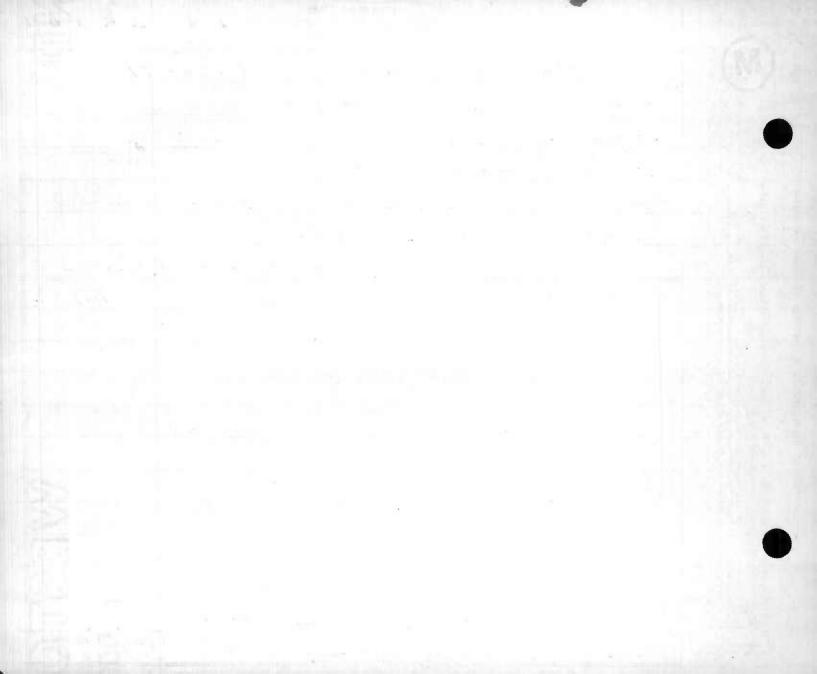
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140	ĺ	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	2	4637
(M)		CEASED NAME FIRST TOP		NODLE		wson	26. DATE OF DEATH	- 79	YEAR 26. HOUR
		3. SE		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTI		R I YEAR IF UNDER 24 HRS
4 9			Female	Negi	ro	MONT:	16 1890	89	YRS.	DAYS HOURS MIN
0 0	ė	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 1	D NEVER MARRIED	9 BALTIMORE CITY O		ATH
	670	-	rth Carolina	U. S.	. A.	WIDOWI	_	BAITE	. C:Ty	MD.
zol	J. Highed		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCI	OSPITAL, NURSI H FACILITY, GIVE STREE Neran H	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSINESS OR DUSTRY
in by	100	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)		1		
AND 213	330		aryland 136 COU	VIY	Balti		134 INSIDE CITY LIMITS?	1726 Eas	+ Fagor	Stroot
withir withir	ine		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	c_bager	LAST
- D -	200	lán V	General VAS DECEASED EVER IN U.S. AR	MED FORCES?	Picth 160 SOCIAL SEC		Betty 17 INFORMANT	ADDRE	SS	
	medical			E WAR OR DATES)			Richard Joh	ncon 1224	N Dro	- d
ALTIA re be			18. CAUSE OF DEATH (Enter of	nly one course per	line for (a) (b) a	nd (c)	INTCHALL DOL	1115011 1324		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. 4 60	ewent, the		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	Poneu		4			48 hours.
ding ding		2	486-		AS A CONSEQU	IENCE OF				
ESTOR deoth attendi	hon, oum		Conditions, if any, which	(b)					1000	
W. PR	or ather troumatic		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEOU	IENCE OF				
20 e e			PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NIRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 1(o)
PRDS,	injury.	CERTIFICATION								
S bee	Sany	ICAI	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
TAL ST.	Shows	RIE						YES NO X	YES 🗌	но 🗌
VOF VITA VOF	Î ®	1 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TB, PART 1 OR	PART 2)
YSICIA ling ph	Aento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	21s. PLACE (19	211 LOCATION			
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir ottending physician. If the his certificate has been sign	and	ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOW	N COL	INTY STATE
	Health is mark		220.1 certify that (I) (this hasp		_	10/2	6/79 19		3 19 7	9 , that (i) (we) last
TTEN	2 0		sow the deceosed alive or obove, (1) (we) (did) (did no	t) view the body	ofter death.	79 .	nd that in (my) (our) opinion (death occurred on the do	te and hour and f	rom the couses stated
DIRE	Dept If Item	113	726 SIGNATURE	2	o mo	^	DEGREE ATTENDING	MEDICAL STAF		C. DATE SIGNED
TAL WY THE RAL	State ANT.: +		Dan O	Lew	777	U.	PHYSICIAN [DIRECTOR PHYSIC	IAN E	0/28/74.
HOSPITAL ned by il	PRTA		224 PHYSICIAN'S NAME (TYPE		5 0		22e ADDRESS			
O Ho	with the State	_	JERRY I			u.o.		January 1		
1208 no		23o E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 11/1/			EMETERY OR CREMATORY	23d. LOC ATION CITY OF TOWN	COUNTY	STATE
00 BP	_	24 FL	JNERAL DIRECTOR	1 +1/1/	19	Rond	Cemetery 7250. DATE	Littlet	on N.	Sign Rouge de
DHMH- (VRA 15,	16 20M , 4) 7/78		Wm. C. March	F/H 11	01 East	t Nor	LOOT	2 9 1979	holden	



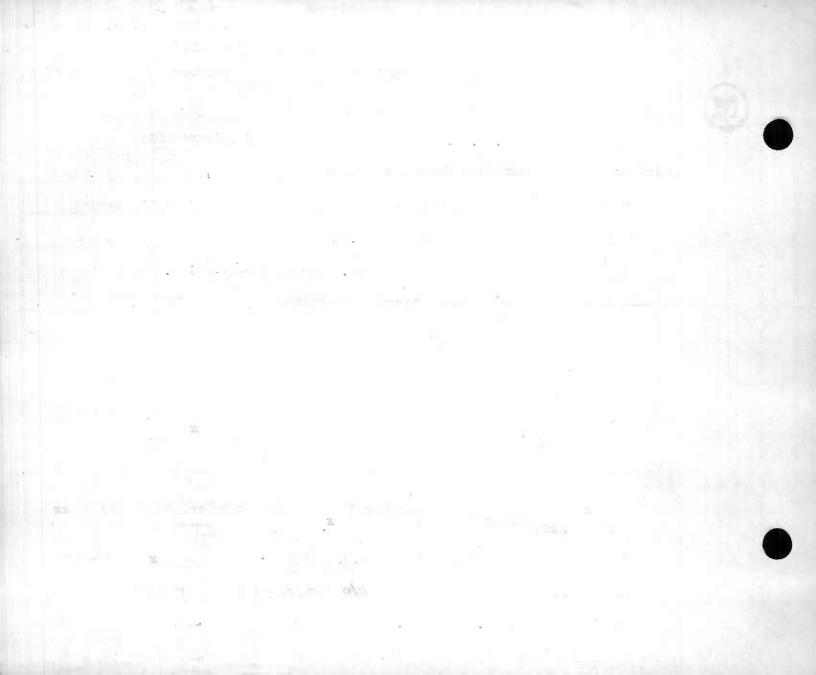
death certificate be executed within 24 hours after

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TO HOSPITAL

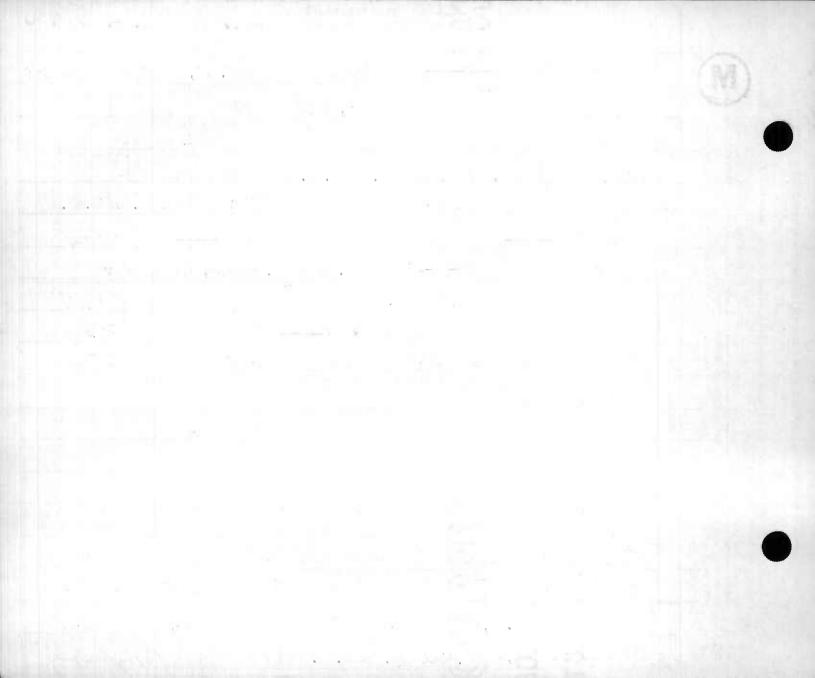
1	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	2 4	0 3 8
	DECEASED NAME FIRST	WIDDLE	LA	51	2ª DATE OF DEATH M	AONTH DAY YE	EAR 2h. HOUR
(1	Inez	M	JOHNS	SON	October	9, 197	9 9;45 A
3.	SEX	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTH		
	Female	Black	May	30 1925	54	YRS.	DAYS HOURS MIN
70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	V2 I	□ NEVER MARRIED □	BALTIMORE CITY OF		TH
5	Maryland	U. S. A.	WIDOWE		Baltimore	City	м
10 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	ING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATIO		IND OF BUSINESS OF
11	altimore	(IF NOT IN SUCH FACILITY, GIVE STRE Maryland Gene		spital	Waitress		esturant
5 - NS	UAL RESIDENCE (IF NURSING HOME 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
3	Maryland	Balti		YES NO	1608 Druid	Hill Aver	nue
2 14	FATHER'S NAME	MIDDLE LAST		IS MOTHER'S MAIDEN NAM			
00	William	Conyer		Viola	WIDDLE	H	ayden
, 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRES		
/	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		Mrs. Frances	Tucker-612 V	. Lafave	tte Avenue
		only one cause per line for (a), (b),					PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	Subar Subar	-	l hemorrhage			
	H 3 O	ATE CAUSE (0)					
	Conditions, if any, which	DUE TO, OR AS A CONSEC	UENCE OF				
	gove rise to immediate	(b)					
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	UENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN PA	RT I(o)
2 Constitution							
7) 3	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F	INDINGS USED
XIE					YES NO	YES 🗍	NO [
7 8	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PA	RT 2)
7 3	OR CONTRIBUTING CAUSE OF D	EATH	19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION			
3	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TOWN	N COUNT	TY STATE
	22a I certify that \$6 (this has	pital) attended the deceased from	Octobe	19 79	October	9 , 19 79	, thosXIX(we) los
	sow the deceased alive o	nOcother 9 19	79 . one	d that in (🔫) (aur) apinian a	leath occurred on the dat	te and hour and from	m the couses stated
	226. SIGNATURE	tors view the body offer death.		PEGREE		22c.	DATE SIGNED
	PXII	Fu Coffee	-	M.D. ATTENDING	MEDICAL STAFF	7	0-9-79
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22. ADDRESS	DIRECTOR PHYSICI	ANLA	0-5-75
	Kai Fu Chow			c/o Maryland	General Hos	nital	
230	BURIAL, CREMATION, REMOVA	L 23h DATE 23	NAME OF CE	METERY OR CREMATORY	123d LOCATION		
	Burial	12 Oct. 79		burn Cemetery	CITY OR TOWN	COUNTY	Maryland
24	FUNERAL DIRECTOR	12 0000 19			REC'D. BY REGISTRAR 2		
M	Cibcon Funonal	Home 1631 Danie	ו ויים	UU.		P. A. S. S. C.	NAC LOVE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2h HOUR LTYPE OR PRINTI October 13, 1979 Johnson 10:48AN Lerov 4 RACE 5. DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YEAR DAYS HOURS Male Black TO CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** In BIRTHPLACE ISTATE OF FOREIGN MARRIED | NEVER MARRIED Virginia U.S.A. Baltimore City WIDOWED K DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR The Johns Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Factory Wolker J.S. Young Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 1136 COUNTY 13e STREET ADDRESS Baltimore 13d. INSIDE CITY LIMITS? 1231 N. Broadway YES X IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Zack LAST Johnson Katherine Bland ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? C ... (YES, NO OR UNKNOWN) 218-05-6161 Miss. Johnson 1231 N. Broadway APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on 10.48 PM 79, and that in (my) (our) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE STAFF ATTENDING MEDICAL TO FUNERAL should be detac with the State I PHYSICIAN DIRECTOR PHYSICIAN 22ª ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION REMOVAL 23b. DATE Burral 250 DATE REC'D. BY REGISTRAR 251 EGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Herbert E. Nutter 3035 W. North Ave. (VRA 15, 4) 1/79

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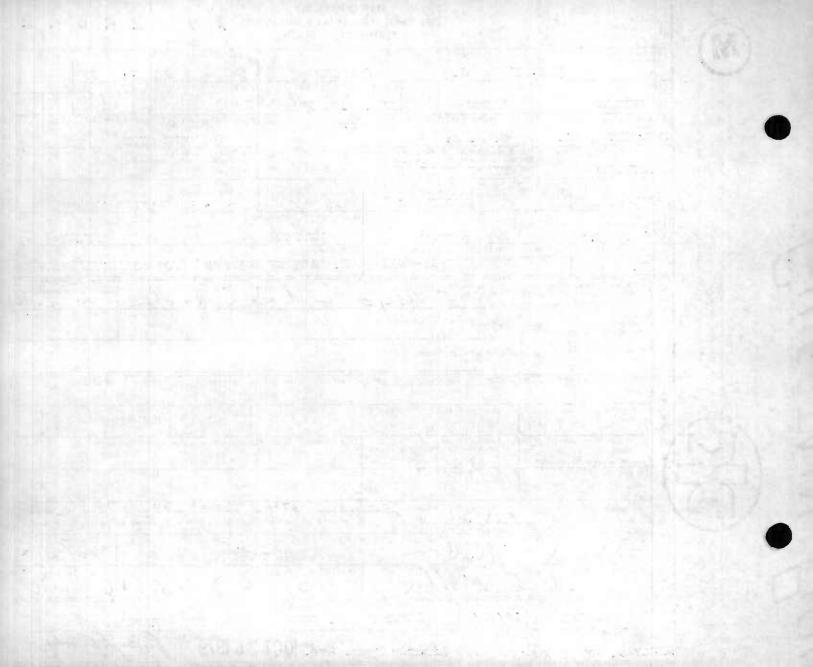
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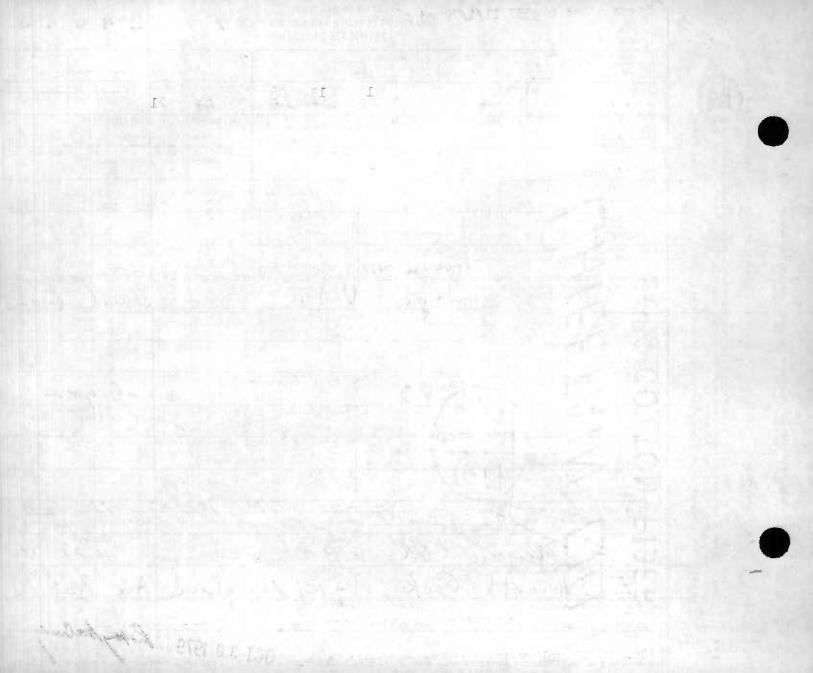


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^	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE /	REG. NO.	2 4 6	4
Y		CEASED NAME FIRST		WIDDIE	L	AST	2a DATE OF	DEATH MONTH	DAY YEAR	26. HOUR
noy be poge 3	Titte	(Louise	,)	Marv	Joh	nson		10	9 79	M
noy bo	3 SE		4. RACE		5. DATE C	FBIRTH	6 AGE (IN YEA	RS LAST BIRTHDAY)		IF UNDER 24 HRS
oge 4	7n 01	Female	Black	WHAT COUNTRY?	6	18 1912	67	YRS		HOURS MIN
de opp.		Maryland	USA		MARRIE	NEVER MARRIED	_	ecity <u>or</u> coun more Cit		MD.
by the filled with	10 CI	Balto.		HOSPITAL, NURSIN CH FACILITY, GIVE STREET Broady	ADDRESS)	pt 12N	120. USUAL O	OR MOST OF WORKING	LIFE) 126. KIND OF	BUSINESS OR
be be	USU, 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	R OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)	138. INSIDE CITY LIMITS?	13e. STREET A	DDPESS		
AND 24 In 24 I		Ad THER'S NAME		Balto.		YES NO 1	201 N	Broady	vay St	
maryi	14 64	Robert John	MIDDLE	LAST		Mary	E.	De Van	ughn LAST	
MORE, nond co		AS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
BALTIMORE, cote be executor ond copers. Poges wal. 11, the medica		No		217 40	6414	Lillian Tik	bs 1808	Ashburt	on St.	
W. PRESTON 51., at the deoth certific by the ottending ph se remove corbonp cremation, or remo		Conditions, if ony, which gave rise to immediate cause (a), stafing the underlying couse last.	DUE TO, C	OR AS A CONSEQUI	ENCE OF	TIC CARDIO	0-118	e. A.d.	2020	ATE INTERVAL SET AND DEATH
RDS, 3 equires n signe Then pl r to bur injury, c	NOI	PART 2. OTHER SIGNIFICANT		STRU	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION G	IVEN IN PART 1(a)	
NG PHYSICIAN: The low requires the ottending physicion. Iter this certificote has been signed by the buriol-tronsit permit. The pleas the buriol-tronsit permit. The pleas the buriol-tronsit permit. The pleas the new form the n	CERTIFICATION	190. DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF	IN CERT	ES, WERE FINDING IFYING CAUSES O YES	SS USED OF DEATH?
ON OF VITAL IYSICIAN: The ding physicion is certificate h buriol-tronsit p Mental Hygier Mental Hygier		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- CIII	OF INJURY .M. MONTH D.	AY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATU	RE OF INJURY IN ITEM TE	3, PART 1 OR PART 2)	
DIVISION DING PHYS or ottending After this or e os the bun olth ond Me morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
R ATTENDIN hospitol or IRECTOR: Af hed for use or ppt. of Health		220.1 certify that (I) (this hosp sow the deceased alive or abave, (I) (we) (did) (did no	Sen	12107	9,00	d that in (my) (aur) apinio	n death occurred	on the date and he	/	at (I) (we) lost ruses stated
AL OR AL DIRECTOR DEPORTS TO FEED OF THE F		226 SIGNATURE	-2	Zn-	> 1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE S	IGNED
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Stote IMPORTANT: H		22d. PHYSICIAN'S NAME (TYPE OF ANDREW LET	CUISCO			22e ADDRESS CARCE		0.8.)		
7/1/2 - 0,5	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. f	NAME OF C	EMETERY OR CREMATORY	271. LOCAT	ION	COUNTY	STATE
604 BP		Burial	10-13	3-79 M	. Au	ourn Cemete		ltimore,	Mary	
DHMH - 16 60M 7/73	24. FU	INERAL DIRECTOR		ADDRESS		25a. D/	ATE REC'D. BY RE	GISTRAR 256. REO	STRAR'S SIGNATU	RE
(VR A 15 (4))	[sa	iah L. Brown	& Son I	PA 1913 \	W. Ba	lto. St. U	UITT!	7/9	THYME	rody

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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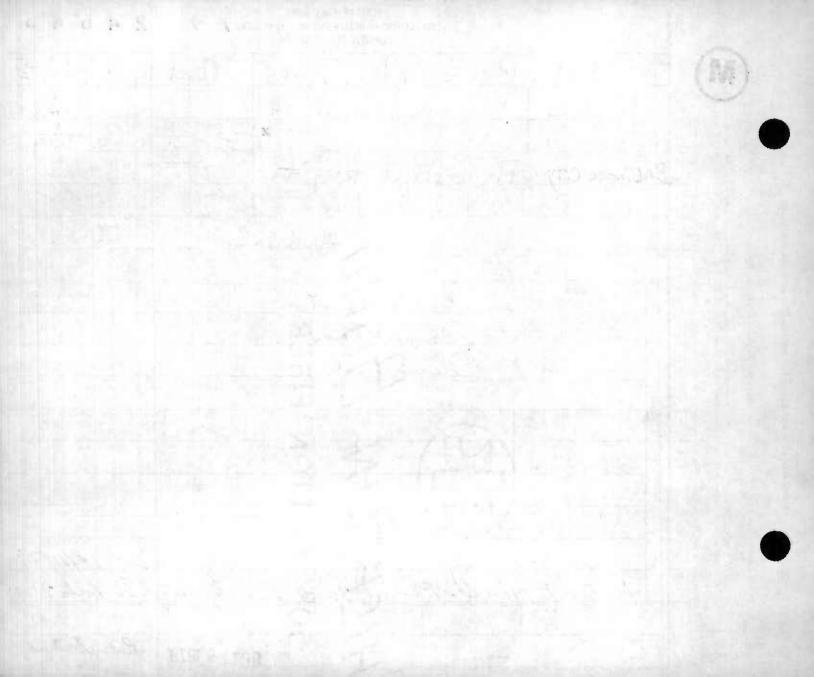
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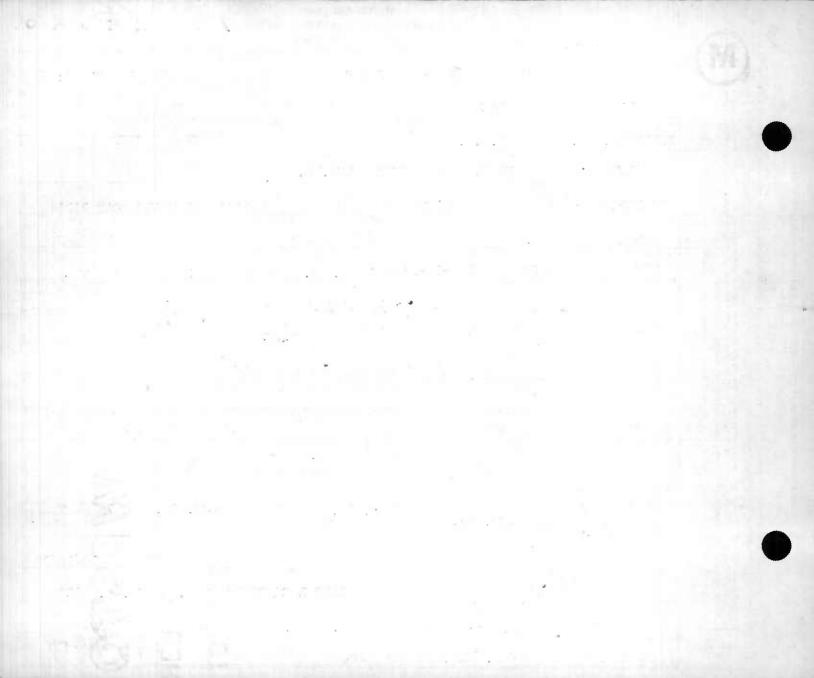
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

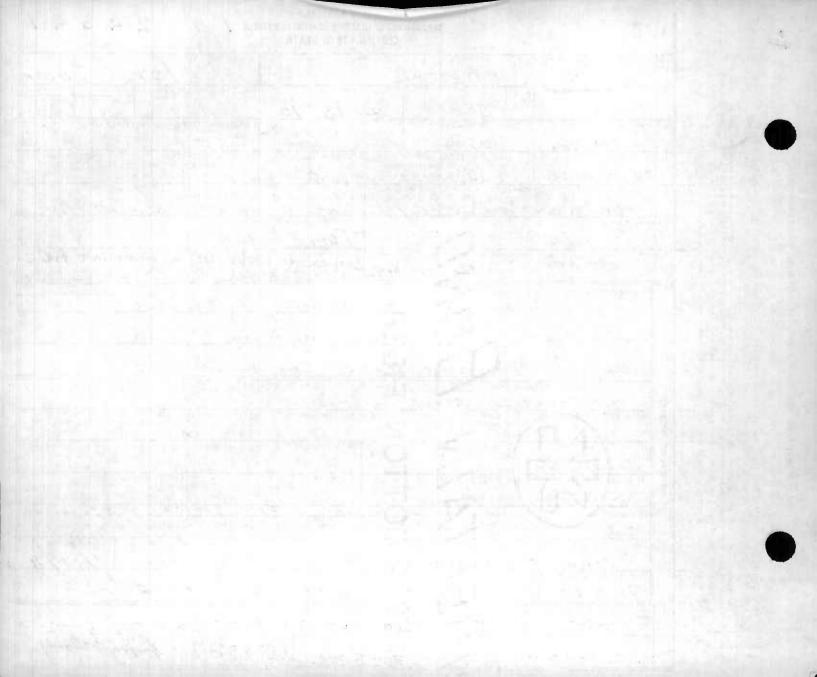
CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS,

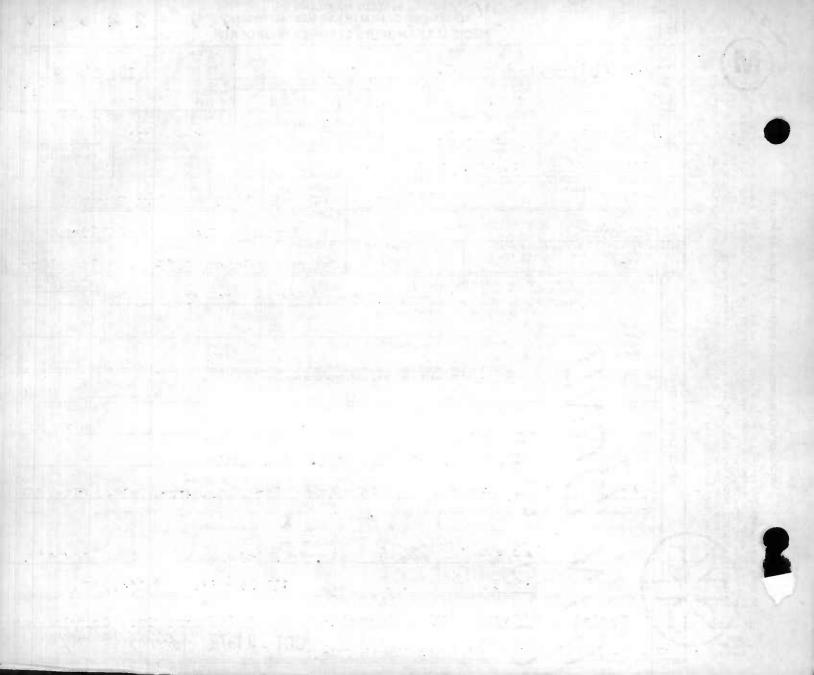


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2	death death		CEASED NAME FOR PRINT)	S ;	ChEST	INE	LAST		10/23	79	DAY YEAR	2b. HOUR //:00 A _M
200 A mo		3. SE:	MALE	93.19	NegRO	MON S		YEAR 10	6 AGE (IN YEARS LA	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	(F) 83	C	RTHPLACE (STATE OR FORE)		US 19	MARR		NORCED [9 BALTIMORE C	- /		MD.
201	11 138	1	TY OR TOWN OF DEATH	E	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE (IN) VER P. ER INSTITUTION, GIVE RESIDENCE	SITEET ADDRESS)	hosk	2	12a USUAL OCCU	JPATION ROST OF WORKING LIF		OF BUSINESS OR
LAND 21	should be should	130 5	STATE 13	BACT	13c CITY OF		YES 2		13e. STREET ADDR	and the same of th	1007	Ave
E, MARY	camplete 1 and 2		VAS DECEASED EVER IN	A MIDDI		SECURITY NO	TRE	FIRST	N/A MID		LA	
BALTIMORI	ician and copers. Pages 181.		(ES, NO OR UNKNOWN)	FYES, GIVE WAR		10-193		RINE U		PORES FRO	UNIU.	
201 W. PRESTON ST.,	ned by the attending phy; n please remove carbonpoi virial, cremotion, ar remov y, ar ather traumatic event		Conditions, if any, w gove rise to immed cause (10), stating underlying cause	mEDIATE C	DUE TO, OR AS A CONS	SEQUENCE OF	710	CA.	/ /	DSTATE CONDITION GIV	/EN IN PART 1	(a)
RECORDS	nas been sig permit. Ther ne prior tak ws any injur	CERTIFICATION	CACA	ECT	196 CONDITION FOR W		ISH & D ON WAS PERFO		200. AUTOPSY?	IN CERTIF	S, WERE FINDI	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS,	ng physicia certificate burial-transit tental Hygie Item 18 sha	MEDICAL CERT	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU	SE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEA	2		RED (ENTER NATURE O			NO L
DIVISIO	After this to sthe builth and M	MED	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, O		211 LOCATIO	ON Z	CITY	OR TOWN	COUNTY	STATE
	respital of tECTOR ed for use ot. of Heo				attended the deceased to 12.3 ew the body after death.	2 6	ond that in (my)) (aur) apinian	death accurred an			
a la la la	ned by the harmoned by the harmoned by the harmoned life defached the State Dept.		22d. PHYSICIAN'S NAM	E (TYPE OR PRIN	Marine	lli	200	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PI	HOUSE STAFF HYSICIAN D	10/2	23/79
5	- 5 ± 6	230		INEC		D NAME OF		YUER.	S/TY	HOSPI	TAC	
1702	BP	1	Burial		10/27/79				ck Balti	N	COUNTY Ma	state
	H - 16 50M 1/76 VR A 15 (4))		UNERAL DIRECTOR		H 1101 Eas	iss .		250 DAT	T 2 5 1979	TRAR 25b	Eray Mill	Prisonly



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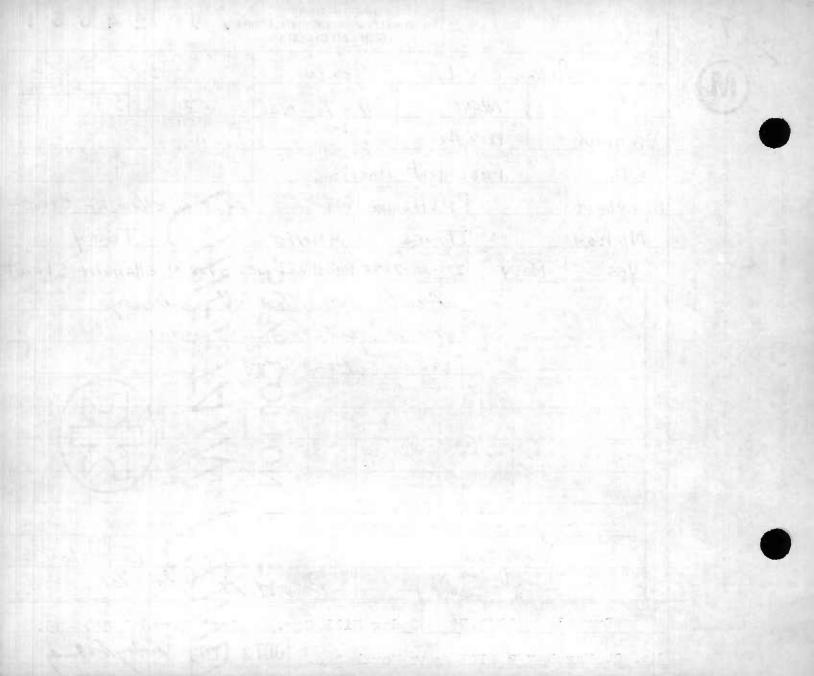
7	1-	em 21c & 22a FOR dad STATE REGISTRAR		5/79 STATE OF DEPARTMENT OF HEALT DICAL EXAMINER'S		EDEATH	246	4 9
	I. DEC	TEASED NAME FIRE CORPRINT) Tederick (Fr	1 (2)	MIDDLE	Tones	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH 3 DAY YEAR 10 25 19 70	
		ale Black	1	49 30 YRS.	JNDER 1 YR. IF UNDER	MIN. PRONOUNCED DEAD	10 25 19 7	
77	SOU	RTHPLACE (STATE OR REIGN COUNTRY) 1th Carolin TY OR TOWN OF DEATH		MAF		ED U		,
2]	Baltimore Cit	y Sinai Ho	CILITY, GIVE STREET ADDRESS) OSpital	THE WASHINGTON	FOR MOST OF WORKING LIFE)	OR INDU	STRY
	30. S1 Ma	aryland 136. C	OUNTY	Baltimore	13d. INSIDE CITY LIMITS? YES X NO	1806 Barcl	ay Street	
		THER'S NAME McKeever	WIDOFE	Jones	15. MOTHER'S MAIDE FIRST Minn	Le Lee	William	ıs
,	60. W	AS DECEASED EVER IN U.S. s. no. or unknown) (if yes.	. ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	Jacqulyr	ADDRE 1 Jones 2065		dere
		Conditians, if any, w gove rise to immed couse (o) stoting the <u>un</u> lying couse last.	thich diote der-	AND CETEBERS OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF				
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPS	
	Z Z	216. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED	HOUR A.M. OF DEATH 2:55 X	MONTH DAY YEAR X 10 1619 79	HOW INJURY OCCURRE Struck with	D (ENTER NATURE OF INJURY IN ITEM bottle		, 100
	ME	WHILE NOT WHILE		ect Bel	street Lvedere & Pa	rk Hgts. Aves	Balto. Cit	y, MD
			charge at the remains described and the second seco	Accided Suicidal	Homicide TITLE (SPECIFY) M.D. Deputy Ch	Undetermined monner	ond in my opinion], DATE SIGNED 10/2	25/79
4		EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REMOV	Thomas D. S	Smith, M.D.		Penn St.	Balto., MD.	
L	(5)	Burial JNERAL DIRECTOR	10/30/79	King Memo:		Baltimore PECO BY REGISTRAR 125	CO Mary	and
		NAME	h F/H 1101	l East North	AVE OCT	2 9 1979	the state of	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDOLE 20 DATE OF DEATH MONTH 1 DECEASED NAME 26. HOUR OAY (TYPE OR PRINT) В. JONES Oct. 14, 1979 Gladys 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF LINDER 24 HPS MONTHS DAYS HOURS F. W Aug. 13. 1891 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City USA Balto., Md. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Long Green Nursing Home INDUSTRY TYPEOF WORK FOR MOST OF WORKING LIFE Baltimore Hutzlers USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13. STREET ADDRESS 4204 Roland Ave. 21210 Baltimore YES X NO [Md. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alice MIDDLE Mentzel (AST Boardman Edwin M. Ct.21204 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. James Hackett 8428 F. Charles Vallev 216-03-7258 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), 101, and co IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENT underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BY ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 146 CONDITION FOR WHICH OPERATION WAS PERFORMED 1% DATE OF OPERATION 28s AUTOPSY7 WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [7 HOUR XX MONTH 71s. ACCIDENT WAS UNDERLYING TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18, FART 1 OR FART 2) DAY YEAR OR CONTRIBUTING A CAUSE OF DEATH MEDICAL subject fell IN EITHER, HOTHT MEDICAL EXAMINER 19/ D. 15 PM 714 INJURY OCCURRED TH LOCATION 21st PLACE OF INJURY COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE TOP nursing home Melrose 22s I certify that It (this hospital) attended the developed from the deceased alive on DEGREE THE DATE SIGNET PHYSICIAN DIRECTOR PHYSICIAN De ADDRESS 214 PHYSICIAN'S NAME LITTE ORFERIT should be William G. Helfrich, M. D. 5006 Roland Ave. Balto. Md. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE (SPECTremation CITY OR TOWN Maryland 10-16-79 Green Mount Baltimore, 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co. DHMH-16 20M 4905 York Rd. Balto., Md. 21212 (VRA 15, 4) 7/7B

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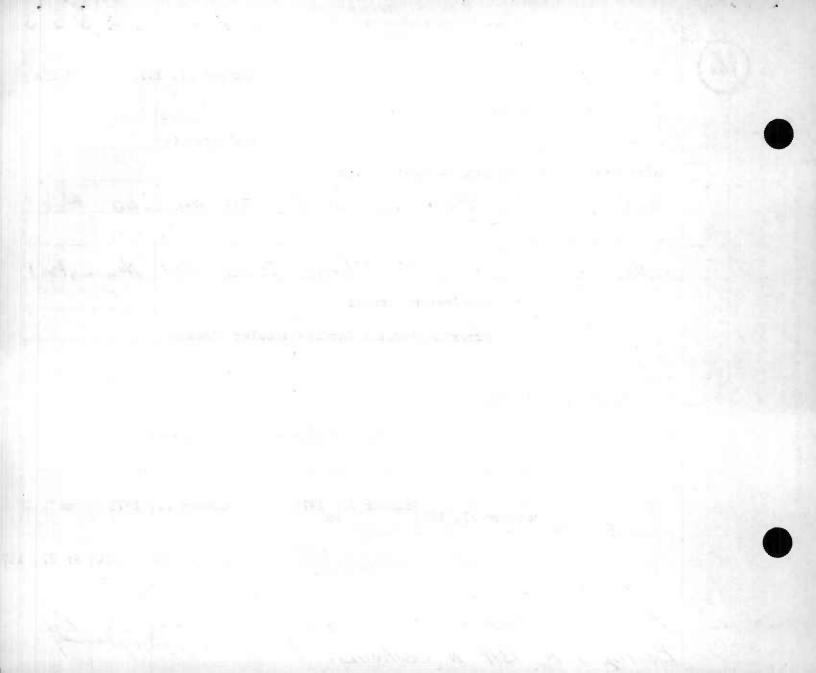
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_ (9		3. SEX	MALE	NEGRO	5. DATE OF BIRTH MONTH DAY	1926	AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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O1 W. P	ed by the leose rer iol, crem or other		-	ause (a), stating the inderlying cause last.	DUE TO, OR AS A CONSEQUE	¿ blooke	lim			
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he he	te has be	2	RTIFIC	DATE OF OPERATION	19b. CONDITION FOR WHICH			YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
N OF VIT	certificate urial transi tental Hygi flem 18 sh	7	CAL	ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEAT RETHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR		(ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
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TAL OR by the hy	RAL DIRE detache tate Dep NT: If Ite			b. SIGNATURE	refino .	P	PHYSICIAN 🗌 DI	STAFF	220. DATE	30/79.
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< 20 BP_			(SPEC	Burial		NAME OF CEMETERY OR C		Anne Aru	ndel Co	STATE . DM
DHMH - 16 (VR A 1				ERAL DIRECTOR	/H 1101 East		250 DATE RECOUNTY			
		-		O TIGITOR F	LI TIUL Dast	MOTETT AVE.			-	



(T)	CEASED NAME PE OR PRINT)		ighton		M.		Jor	ies ,	Jr.		Or Or	KNOWN ESTI-			YEAR	26 HO
3. SE	x	4 RACE	5. DATE C	FBIRTH		6. AGE (IN YEAR	s IF UNI	DER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE	MATED [MONTH TO	7 DAY	19 79 YEAR	7120
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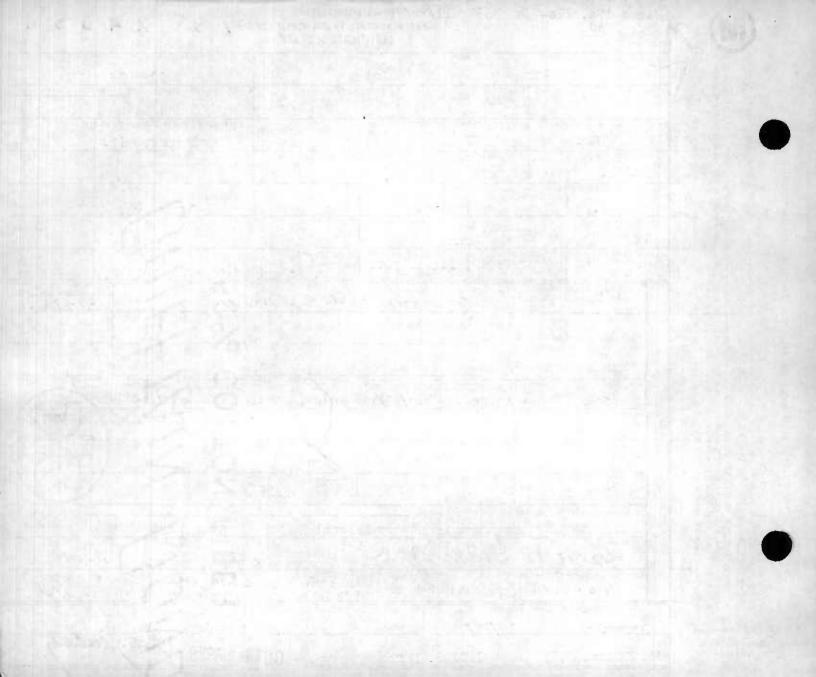
MATY JONES MATY JONES October 27, 1979 2:2:		Ĺ	FOR - STATE REGISTRAR		STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
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THE CAUSE OF DEATH LETTER ON A A CONSEQUENCE OF CONDITION OF COURT INTO COUR	filed filed			Maryland Gener	al Hospital		
The Date of the Conditions, if any, which gover rise to immediate cause in immediate caus	2 = 3 (E) ()	136	Estate 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 132, CITY OR, TOWN	N 13d INSIDE CITY LIMITS?	809 NE	SiNG LEW RUE.
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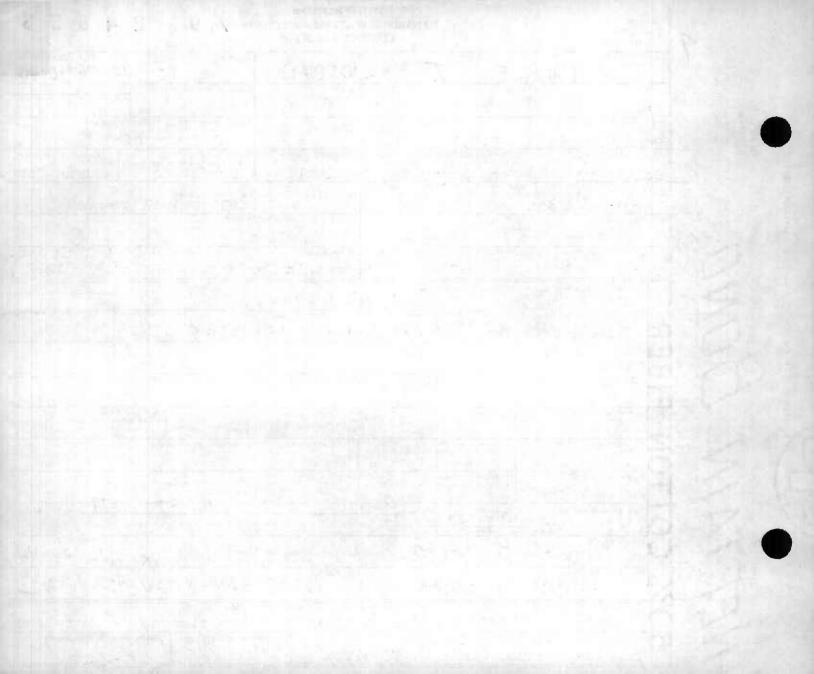


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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,





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FOR

REGISTRAR

1. DECEASED NAME

- STATE

(TYPE OR PRINT)

IF UNDER 1 YEAR HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ACCOUNTANT EXXON CO. 817 S. CONKLING ST. # 21224. 817 S. CONKLING ST. MARGARET H. KALBFLEISCH : BALTO., 21224, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COLINITY STATE and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 204 E. JOPPA RD., TOWSON, 21204, MD. 4430 BELAIR RD., BALTO., MD. REGISTRAR 256 REGISTRAR'S SIGNATURE 901 S. CONKLING ST. DHMH - 16 50M 7/77 (VRA 15(4)) BALTO., 21224.MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

1979

2b. HOUR

B: 00 P.M

20 DATE OF DEATH

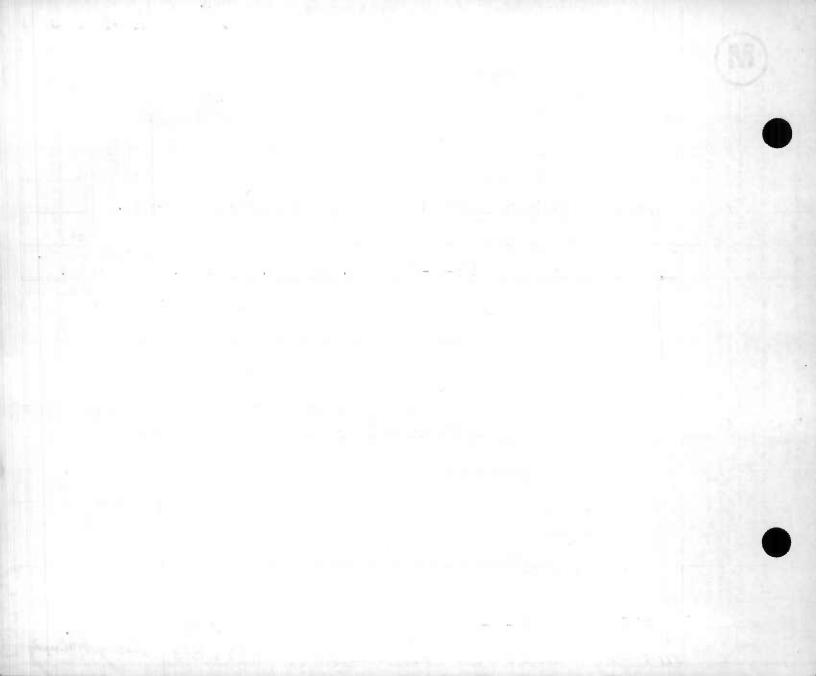
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 4 5 5 2

CERTIFICATE OF DEATH

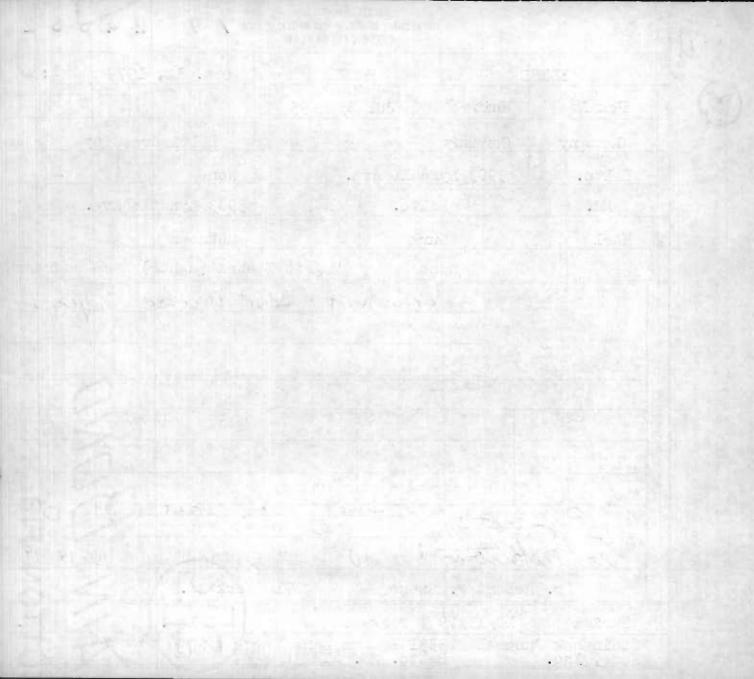
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1	22	d. Physician's nam D		obert	E. Sto	ner	22e. ADDRESS 714	York Rd.			
	230. BUF	Burial	EMOVAL	236. DATE 10/15		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	°Md.

3331 Brehms Lane Balto. Md. 21213

DHMH - 16 60M 1/75 (VR A 15 (4))

MPORTANT: If them 21 is morked or Item 18 shows ony

^{24 FUN}SCHTMünek Funeral Home, Inc.



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	e death certificate be executed within 24 hour ottending physician ond completely filled in by permit. Then pleose remove carbon papers. On, or remavol, and in ony event within 72 hou	0	10. CITY OR TOWN OF Baltim	ore	give 6	AME OF HOSPITAL OR I	Club	Lane	12a. USUAL OCC during most of Mech.	working life, o	even if retired.)	INDUSTRY	Const
	cate be executed visition and complete college remove carry, and in any event,	35	3a. USUAL RESIDENC admissian) STATE	(Where decease	ed lived, if institut	ian: Residence befare	Balt	imore Y	H. INSIDE CITY LIMITS?		AND NUMBER Hunt	Club L	ane
	ond c	700	14. FATHER'S NAME	First	Middle	Last		. MOTHER'S MAID			Middle	Muga	Last
	ian cose	20	16a. WAS DECEASED	lliam VER IN U.S. ARM	ED FORCES?	Keer	NO. 17. I	Lill NFORMANT B	altimo	re. Mo	M . Address	Muel 21210	
	hysic n ple vol, o	1	(Yes, pe, or unknow	n) (If yes give w	pr or dates of service)	218-14-						unt Cl	ub Lan
	th cer ding p . The rema		18. CAUSE OF PART I. DE	ATH WAS CAUSED	BY:	ne far (a) (b) and (/.	2:1 -	TIF	insti	o h	BETWEEN	COMMATE INTERVAL ONSET AND OEATH TO ENCYCS
	dea offen ermit n, or		4	IMMEDIA -	TE CAUSE (a)	AS A CONSEQUENCE O		iai	MIG	(10110	,	7 111316	VICINGUS
	t the character			ny, which gave) ate cause (a),((b)(arterio:		ic co	roxary	art	erg	1 8	years
	equires that the death certifi physicion. signed by the ottending phy buriol-tronsit permit. Then buriol, cremotion, or remavo		stating the un last.	derlying cause	(c)	AS A CONSEQUENCE C	dised	- V			ectoris		
	requi g phy sign buri		PART 2. OTHER		Carcina	TING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D	DISEASE OR CONDIT	TION GIVEN IN	PART 1(9)	aces.	
	AN: The low requires that the death certificate be executed within ol or ottending physicion. The ottending physicion on completely fills it other has been signed by the ottending physician and completely fills for use as the buriol-transit permit. Then please remove carbon permit prior to buriol, cremation, or remayol, and in any event, within	2	19a. DATE OF OP			IICH OPERATION WAS	PERFORMED	20a. AUTOPS	NO NO	20b. IF YES, CAUSES OF I	WERE FINDINGS DEATH?	CONSIDERED IN C	ERTIFYING
	ICIAN: The low re pitol or oftending rificote has been d for use as the of Heolth prior to	9	OR CONTRIBUTING		ATH HOUR A.M.	F INJURY Manth Day Yea		OW INJURY OCCUP	RRED (Enter natu	re af injury in	Part 1 ar Part 2,	Item 18.)	
	by the hospitol or fler this certificate be detached for us State Dept. of Healt		21d. INJURY OG While Nat at wark at	CURRED 21e		(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		OCATION Street	ar R.F.D. Na.	City or To	awn //	County	State
	O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22o. I certif	y that (I) (III)	s hospital att	ended, the deced Emper 28 (did 151) view th	sed from (19), on	d that in (my)	, 19_60 (401) opinion	to deoth occu	rred on the d	ho ote ond hour	t (I) (we) Tost ond from the
6	OR ATTENI be retained DIRECTOR: A le 3 should ed with the		22b. SIGNATUR	Danio	a a	mi	DEGR	ATTENDING	MED. DIRECTO		AFF 22c.	DATE SIGNED	29
	SPITAL O 4 moy be IERAL DII or, poge d be filed	1	22d. PHYSICIAN NAME (Typ	W.B	· Da	niel, J	6.	22e. ADDRE	- Chas	e 87	Bal	timer	21202
27/:	O HOSPITAL Page 4 moy O FUNERAL director, po		23a. BURIAL, CREMA Entombri	int Oc	t.13,1	979 Wood	F CEMETERY OR dlawn			Balti	nore.	(Caunty) Marula	(State)
7110	VR A15 (25m·1/7	4)	24 FUNERAL DIRECT	OR Steelin	g Dunaval a	ADDRE		2		ISTRAR 197		S SIGNATURE	hody
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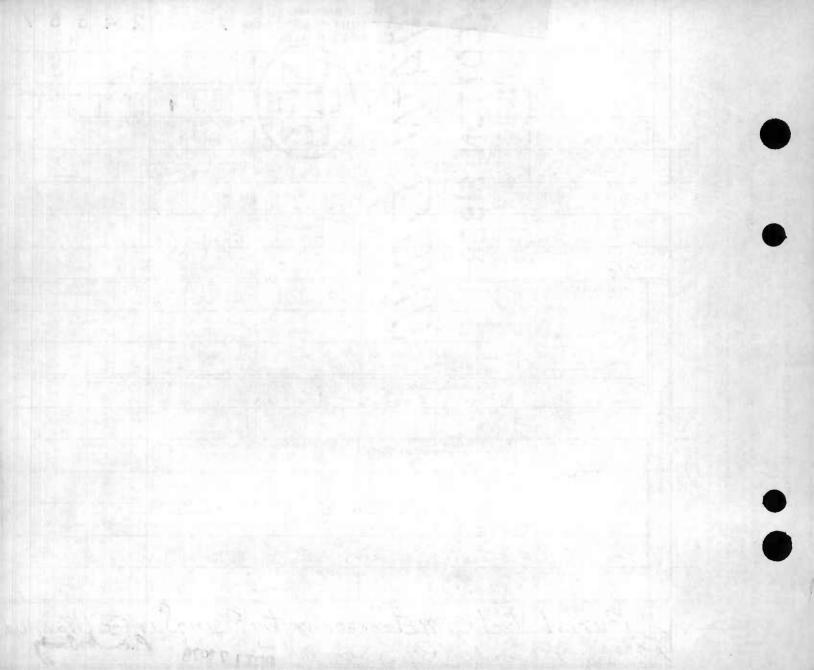
1	STATE OF MARYLAND	
11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	24665
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20. DATE K TYPE OR PRINT)	NOWN MONTH DAY YEAR 26. HOUR
	TYRONE /5 , KEENE DEATH /	MATED 10 19 19 79
3. SI	MONTH DAY YEAR LAST RIPTHDAY	MONTH DAY YEAR 4:50
	male black by the state of the	10 19 19 79 A M
Ja.	FOR MARRIED NEVER MARRIED PT	DRE CITY OR COUNTY OF DEATH
	MIDOWED DIVORCED Balt:	imore City
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPY FOR MOST OF WORKI 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKI	ATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. COUNTY 136. STREET ADDRES 137. STREET ADDRES 138. STREET ADDRES	ShRICKENT
_	FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
1		DDLE LAST
160.		
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS US N Shacedow
_	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSED BY: Sudden infant death syndrome	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
П	Canditions, if any, which	
	gave rise to immediate (b)	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z		
1 E	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F		YES 🏝 NO 🗆
CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY	
MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION	
W	WHILE AT WORK AT WORK CITY OR TOWN	N COUNTY STATE
	K	
	220. I certify that I took charge of the remains described above, held an Autopsy 1, Inspection 1, Inquiry 1	, and in my apinian
	death resulted fram: Notural causes X, Accident L, Suicide L, Hamicide L Undetermined man	iner
	ACTUAL ASSISTANT	DATE 10/19/79
1	SIGNATURE MEDICAL EXAMI	NER SIGNED
	EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Stre	et
23a.	BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
1		ban a.
24	GENERAL DIRECTOR PHAME CORSSY & g. log one 12. 250. DATE REC'D. BY REGISTRAR	256. REGISTRAR'S STONATURE
P	Ment our 1 Hayer CET 9 7 1 19 00 1	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN DO MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-Gilbert DEATH MATED W. Keener 2919 10 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE :30 8 LAST BIRTHDAY PRONOUNCED Male White Aug. 11.1950 29 DEAD 29 19 79 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, U.S.A. Oklahoma DIVORCED X WIDOWED FILED, 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Ironworker University Hospital Steel Baltimore (STU) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS Cherokee Hulbert Delivery Uklahoma 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME P.W MIDDLE MIDDLE LAST FIRST AND Yokum Juanita Allen FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WITH FO (IF YES, GIVE WAR OR DATES S.E. Oklahoma Yes Donald G. Wood Blanchard Asia DIVISI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL 00 BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HYGIENE Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF REMOVAL. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) MEDIC, OF HEALTH A CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, C YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY UNDERLYING OR WEDICAL 3:30 P.M. 10 29 10 79 0 Subject fell from scaffold CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME. 211. LOCATION ATET Microwave Tower 21d. INJURY OCCURRED WARDED AT WORK NOT WHILE STREET, FACTORY, FARM, FTC STATE [tower Rt. 317 & Garland Rd., Denton, Caroline, DIRECTOR: 1 220. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Inspection X death resulted fram: Hamicide Undetermined manner Natural causes Accident TITLE (SPECIFY) ACTUAL TO FUNERAL E
AFTER DEATH,
BALTIMORE, MA Assistant MEDICAL EXAMINER 10/30/79 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Nov. 3. I.O.O.F. Cemeterv Hulbert. Oklahoma BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) lliam E. Johnson 8521 Loch Raven Blvd. 30M 7/73

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 7 9 2 4 6 6 7
be 3 eoth	1. DECEASED NAME FIRST (TYPE OR PRINT) Mae	MIDDLE LAST C Ke JL	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
oy b	3 SEX	4 RACE S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
Poge 4 m diversion, hours offe	Female	Caucasian NONTH DAY YEAR	62 TYRS
nero nero	70. BIRTHPLACE (STATE OR FOREIGN ACOUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED \(\text{MARRIED} \(\text{MARRIED} \) NEVER MARRIED \(\text{MOVED} \) DIVORCED \(\text{DIVORCED} \)	9 BALTIMORE CITY OR COUNTY OF DEATH
s ofter d by the fu	Bulkwee 113	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Un emp 6 / = 6
24 hour	13a STATE 13b. CC	OR OTHER INSTITUTION, GIVE REMDENCE BEFORE ADMISSION) UNITY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO [
impletely and 2 sh	14 FATHER'S NAME FIRST Claud	MIDDLE LAST FIRST EMMA	
an and co	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT GIVE WAR OR DATES) 42010 7100 Chart	ADDRESS
PHYSICIAN: The low requires that the death certificate ending physician. this certificate has been signed by the attending physici the burial-transit permit. Then please remove carban paper and Amental Hygiene prior to burial, cremation, or removal, of them 18 shows any injury, or ather troumatic event, the contraction of the contrac	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	ia
The law r cian. It has bee set permit. giene pria	General Deli 190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? YES NO Y
PHYSICIAN: Ti trending physici r this certificate the burial-transit and Mental Hygi	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A.M. MONTH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
HOSPITAL OR ATTENDING sined by the hospital or or or FUNERAL DIRECTOR. After ould be detached for use as the the State Dept. of Health opportant. If them 21 is mark	220.1 certify that (1) (this has sow the deceased alive	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN (CO-12-17)
DP	230. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY OF THE PROPERTY OF THE PROPERTY OF CREMATORY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	STATE /

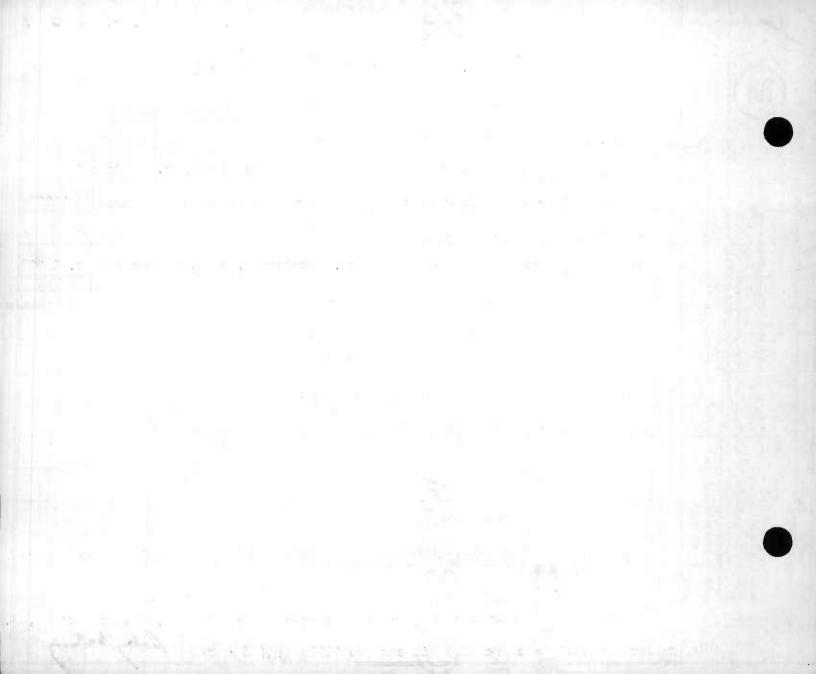


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78



XI	3	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF	EALTH AND A ICATE OF D	AENT AL HYG	IENE 7 9	2	4 6	7 0
/ \			CEASED NAME	FIRST		MIODLE		AST	THE LAND	20. DATE OF DEATH		DAY YEAR	26 HOUR
CHANGE OF THE PARTY OF THE PART	975	(1116		Leona	ard			Kelly		Septemb	per 9,	1979	7:50p
温(間川)	7	3. SEX		4.	RACE	TO HO	S. DATE (YEAR	6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
			M	4436		В	9	29	15	63	YRS.		MIN.
4 95	900	70. BI	RTHPLACE (STATE OR FOR MITTER)	IEIGN 76		WHAT COUNT	RY? 8 MARRIE	D NEVER N	ARRIED [9. BALTIMORE CITY Baltimor	OR COUNTY	OF DEATH	AMEN
for a second	6/1	1	TY OR TOWN OF DEAT	111	USA	LICCRITAL NUM	WIDOWE		ORCED			-	MD.
201 of the by the filed will	33	В	alto.		Theinsu	TOHN SVE T	Höpkin			120 USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OR
AND 21	3	USUA 13a. S	L RESIDENCE (IF NURSIN TATE Md .	IG HOME OR OT 13b. COUNT)	THER INSTITUTION Y	13c. CITY OR T	OWN	136. INSIDE CI	TY LIMITS?	1818 Th	omas	Ave.	
RYL 2 sty	a ine		THER'S NAME	MID	DUE	LAST			MAIDEN NAM	AE MIDDLE		LAST	STEEL BY
WA Contraction	300		William		Ke	lly			liza		2.0	Thomas	
Second Second	dicol	16a W	AS DECEASED EVER IN	U.S. ARME		166. SOCIAL S	ECURITY NO.	17 INFORMAL			RESS		
	e a		No.					Minni	e Kel	ry 1818	Thoma	s Ave.	
W C	nt, th		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only	ane cause per BY:	line far (a), (b)	, and ici		Δ	4		BETWEEN	MATE INTERVAL
ON ST.	o e v			MMEDIATE			spirat	in of	grow	C		Imn	ediate.
- 0 0 0	mon		1537	4 . 4	DUE TO, O	R AS A CONSE	OUENCE OF	1	1	0			Veac
the out	r trou		Canditions, if any, gove rise to imme couse (a), stating	ediote	(b)_	7.10	cas le	(re_ r	Caro	Carcinon	~ 4		1
W. W. Dot the by the see re	othe		underlying cause		DUE TO. O	R AS A CONSE	OUENCE OF		to Co	lon			
201	y, or		PART 2. OTHER SIGNI	FICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1(a	
RDS even signature of Their	ini	CERTIFICATION	APPENDING.	W	ynon	Ly (C-7 V)	ia	, 4:	ver F	-ailure			
S bee	Sony	ICAT	190 DATE OF OPERATION	ON .	196. COND		IICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED OF DEATH?
TALR CION.	how	RTIF	NONE				NONE			YES NO		s 🗌	NO 🗆
AN A	80	_	210. ACCIDENT WAS UNDER OR CONTRIBUTING A GA (IF EITHER, NOTIFY MONAL)		HOUR A.	M. MONTH	DAY YEAR	ZIC HOW IN.	DURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2)	
NO Ing Ing veriol	r Item	MEDICAL	(IF EITHER, NOTIFY MIDWAY,			M. OF INJURY	NA	211. LOCATIO	N/J+				
DIVISION OF VITAL RECORDS, NG PHYSICIAN THE Course on the this certificate has been signed to the boundard persons permit They have deviced Hydians points They	orked or	ME	WHILE AT WORK		(AT HOME, ST	REET, FACTORY, OF	rige, phone Erc.)	STREET	NI	CITY OR T	OWN	COUNTY	STATE
ol or use	is a	13	220.1 certify that (I) (,		-	. 19	1, 107	19		that (fr(we) lost
ATTE SSprite SECTO de for	m 21		saw the deceased abave, (1) (we) (this	d) (did not)	view the body	ofter death.	9, 0		(our) opinion c	death occurred on the	dote and hou		
OR A DIREC	If he		22b. SIGNATURE	-/	//	0		DEGREE	TTENDING	MEDICAL ST	TAFF	22c. DATE	SIGNED
HTAL by the	Ž-		22d. PHYSICIAN'S NAM	ME (TURE OR D)	> / I	1 100	ers-M	22e ADDRESS	HYSICIAN [DIRECTOR PHYS	SICIAN 2	7	17/77
TO HOSPIT retorned by TO FUNER should be	IMPORTAN		ZZZ. TITISICIATO TVA	1305	Λ	D.	0		56.	A als	0	1 7	16
of to the state of	MA .	230 0	URIAL, CREMATION, R	FMOVAL	23b. DATE		23c NAME OF C	EMETERY OF C	PEMATORY	23d LOCATION		00000	4
CD3 BP	US .	(Burial	EMOVAL.	9/13/			us Men		Arbu	tus. N	Id.	STATE
DHMH - 16 50M 7	777		INERAL DIRECTOR	VINI			77.0		25a. DATE	REC'D. BY REGISTRA			JRE
(VR A 15 (4))		1	In C Marc	h F/H	H 1	L101 E	. Nort	h Ave.	REP	1 3 1979	tingen	y secre	ody

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vA samer all I		on far	
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dea

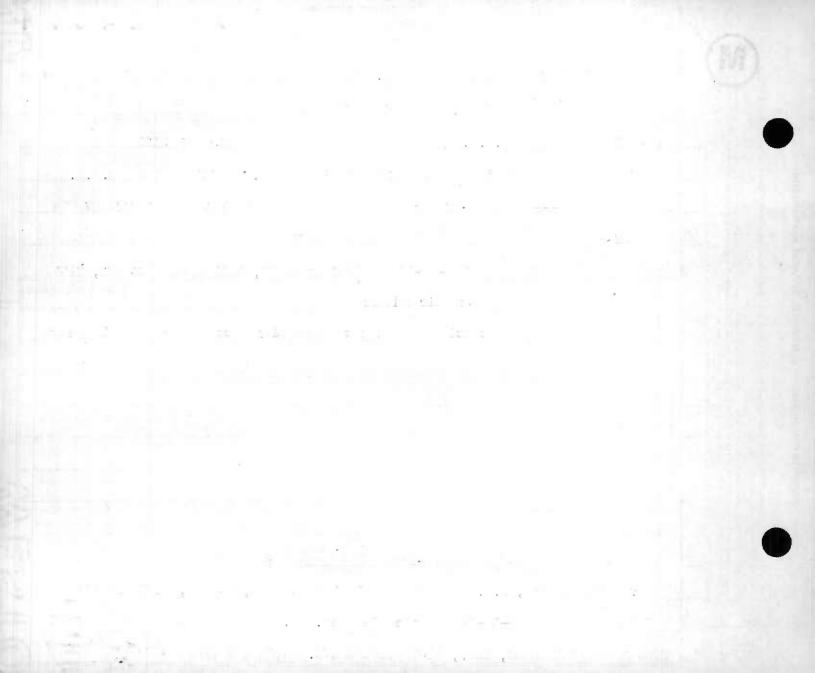
retained by the hospital or attending physician.

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

11.	FOR - STATE		DE	PARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG	HENE 7 9	6	2 4	6 /
	REGISTRAR				FICATE OF DEATH	REG, N			
	CEASED NAME E OR PRINT)	FIRST	WIDDLE		LAST	2e. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
		OBERT	GRAY		LLY			16 79	A
3. SE	X	4 RA	CE	5. DATE O	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	
	MALE		WHITE	03	31 14	<u> </u>	5 YRS.		
Te. B	IRTHPLACE (STATE OR FI	OREIGN 76 CI	TIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	PENNSYLVAN		U.S.A.	WIDOW	ED DIVORCED	BALTIMORE			
10 C	ITY OR TOWN OF DEA		NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	12s. USUAL OCCUPATI		12b. KIND	OF BUSINE
1	BALTIMORE		4001 MASSA	CHUSETTS	AVENUE	SECURITY O			
USU 13a	AL RESIDENCE (# NUR:	ING HOME OF OTHER	INSTITUTION, GIVE RESIDENCE		#13d INSIDE CITY LIMITS?	13. STREET ADDRESS	4000		
M	ARYLAND		BALTI		YES NO	4001 MASS	ACHUSI	ETTS AV	ENUE
14. F/	ATHER'S NAME	MIDDLE	14	ST	15 MOTHER'S MAIDEN NA	ME			.ST
	PETER			LLY	MARY	MIDDLE			ANER
	WAS DECEASED EVER	IN U.S. ARMED F	ORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	ADDRE	SS		
	YES	WW II		10-7140	CYNTHIA KELL	Y. 4017 WAT	RAD ST	TREET.	21229
	18 CAUSE OF DEAT	H (Enter only one	couse per line for (o),	tic failu				SETWEEN	XIMATE INTER LONSET AND
		IMMEDIATE CAL	002 10						
	Conditions, if ony gove rise to imit couse (a), static underlying couse	, which mediate and the	OUE TO, OR AS A CON (b) CARCÍN OUE TO, OR AS A CON	oma of t	he common bi	le duct		2 ½	years
ion	gove rise to imi couse (0), statir underlying couse	, which mediate ag the lost	(b) Carcin DUE TO, OR AS A CON (c) HITIONS CONTRIBUTIN	oma of the second of the secon	NOT RELATED TO THE TERM			EN IN PART 1	(0)
TIFICATION	gove rise to imi couse (0), statir underlying couse	, which mediate ag the lost	(b) Carcin DUE TO, OR AS A CON (c) CONTRIBUTIONS CONTRIBUTION	oma of the second of the secon	NOT RELATED TO THE TERM		20b. IF YES		NGS USED
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

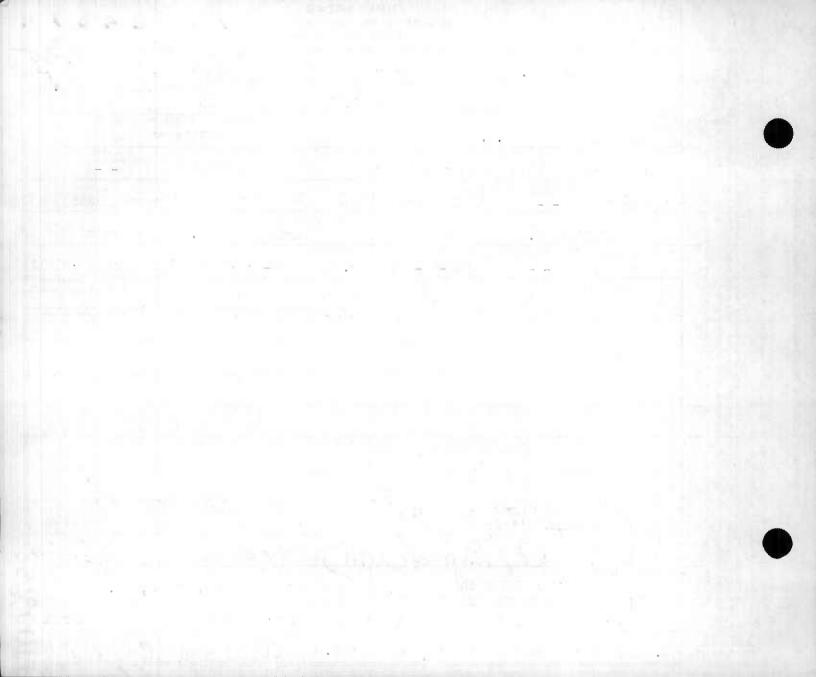
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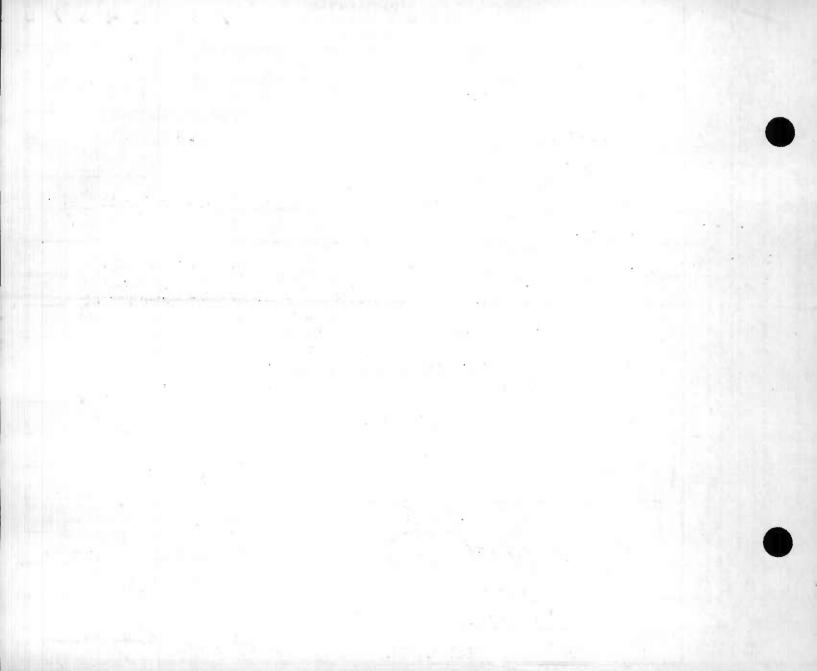
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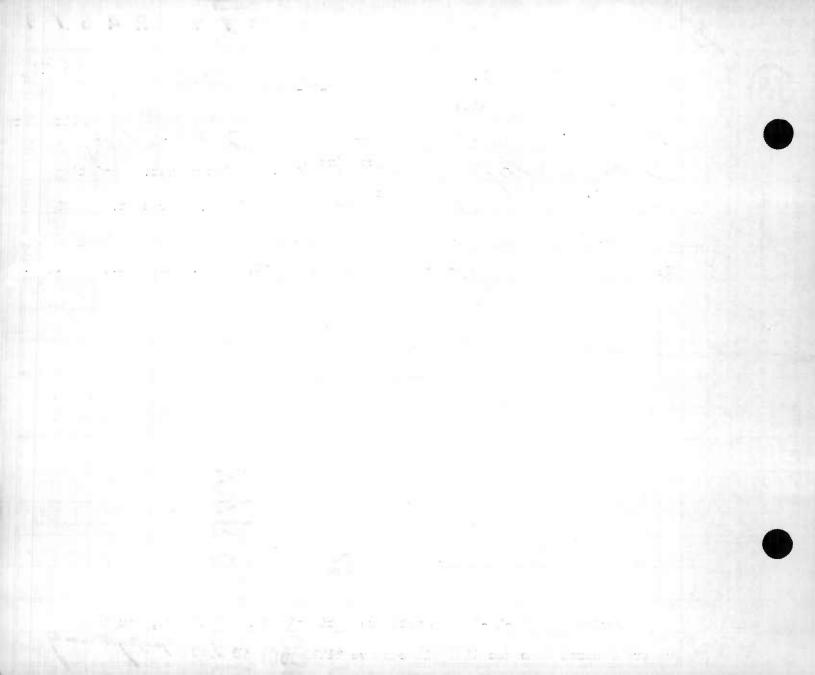
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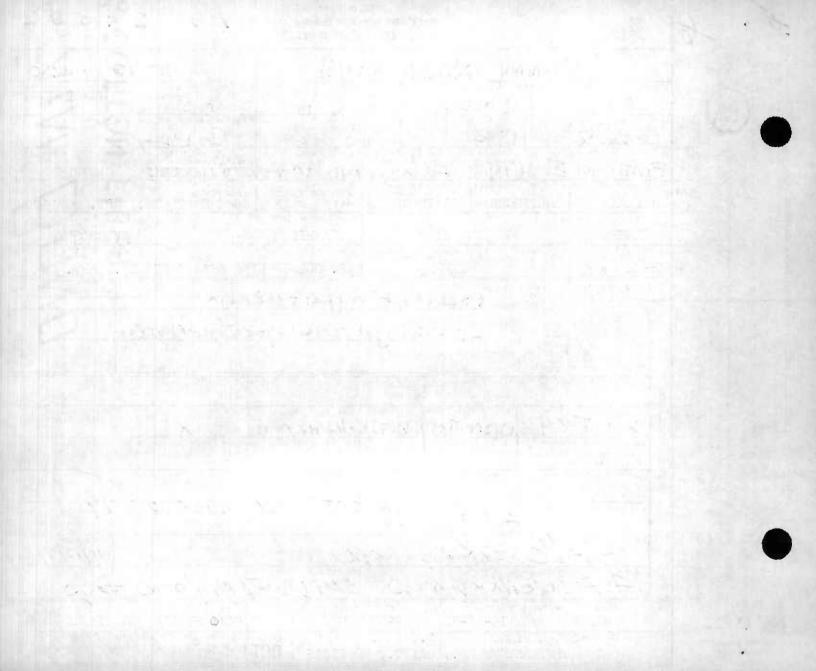
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TIMORE, be executed on ond constant of the con	(YES, NO OR UN	(IF YES, GIVE	WAR OR DATES) 21	3-46-05	544	Mr. Willia	m C. Bi	llock	(as ab	ove.)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or oftending physicion. When this certificate has been signed by the oftending physicion and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled that and Mental Hygiene prior to buriol, cremation, or removal. The property of the medical examiner must be represented by the context of the medical examiner must be represented by the context of the medical examiner must be represented by the context of the medical examiner must be represented by the context of the con	Condition Government Condition Government Condition Government Government Condition Government Government Condition Government Government Condition Government G	ng couse lost	DUE TO, OR A DUE TO, OR A DUE TO, OR A C) ONDITIONS CON 19b. CONDITIC	S A CONSEQUENTS A CONSEQUENT TRIBUTING TO DE	VICE OF NCE OF EATH BUT N OPERATION	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY	? ZOB. IF YES IN CERTIF	WERE FINDING CAUSES OF	SS USED OF DEATH?
HOSPITAL OR ATTEND Inned by the hospital or FUNERAL DIRECTOR: A could be detached for use the fire State Dept. of Heal of PORTANT: If Item 21 is many than the state of the st	21d. INJUS WHILE AT WORK 2 22a.1 cent	NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK If that (I) (the hospith the deceased alive on e) (II) (we) (did) (did not A URE	ol) opended the g	ecessed from	, one	211. LOCATION STREET 19 4 That in (my) (our) opinion EGREE PHYSICIAN 22e ADDRESS	deoth occurred on	ORTOWN 25 the dote and hou STAFF HYSICIAN WARTER		
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Ruck Towson Funeral Home, Inc. Towson, Maryland

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FOR

REGISTRAR

MARY

DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

KTNG

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

HOURS

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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22c. DATE SIGNED

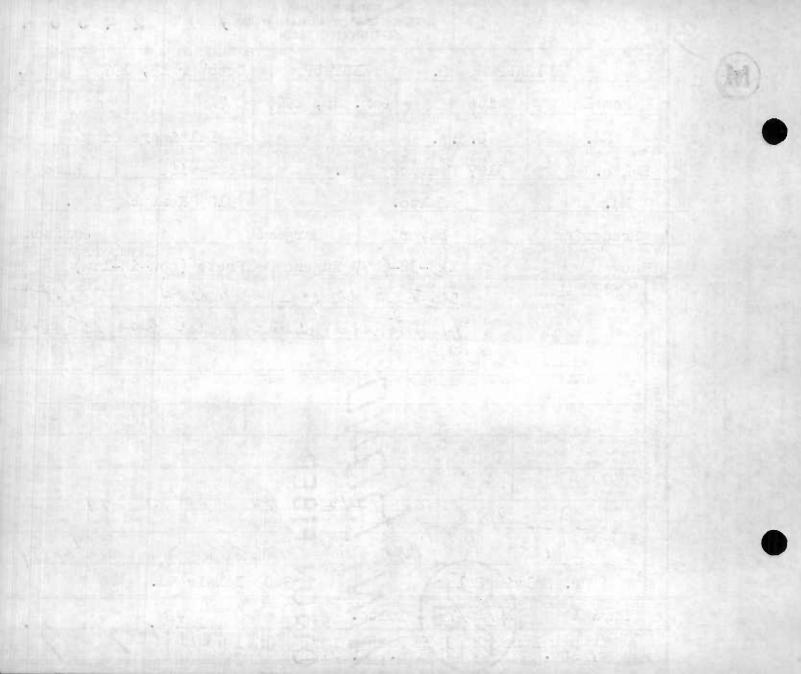
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DAYS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE L FOR - STATE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH DECEASED NAME YEAR 26 HOUR TYPE OR PRINTS Ralml Vincent Klein Oct 5:10p 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS Mar 8. 1909 Male Cancasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimere City Indiana WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UsPHS Hespital. Balt. Md. Seaman Baltimere 1136 COUNTY 13e STREET ADDRESS S Gaylord Ave 108 Michigan Ludington 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bilski Charles Klein Aurelia E. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Michigan NO Dorrell Funeral Home. 304-16-3038 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY 6-Chours Ruptured Abdominal Aertic Aneurysm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arterieseleretic Vascular Disease Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Ruptured Abd. NO I Aertie Angurysm NO 21b. TIME OF INJURY 2 LE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING Mental Hy 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 0 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE morked NOT WHILE 22a.1 certify thosely this hospital) attended the deceased from Sept Oot Oct saw the deceased alive on Oct 3
above 1) (we) (did) 2000 t) view the body after death ond that in (my) con opinion death occurred on the date and hour and from the causes stated Dept. DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL be deto PHYSICIAN | DIRECTOR PHYSICIANT 22d PHASE TANKS NAME I SYPE OF PRINCIP 22e ADDRESS ld b MPORT Shou 3100 Wyman Park Drive, Balt., Md. 21211 Dennis R. Ward. M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Rem. Cremation Graceland Memorial Michigan Kent County. 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S DHMH - 16 60M 1/75 1979

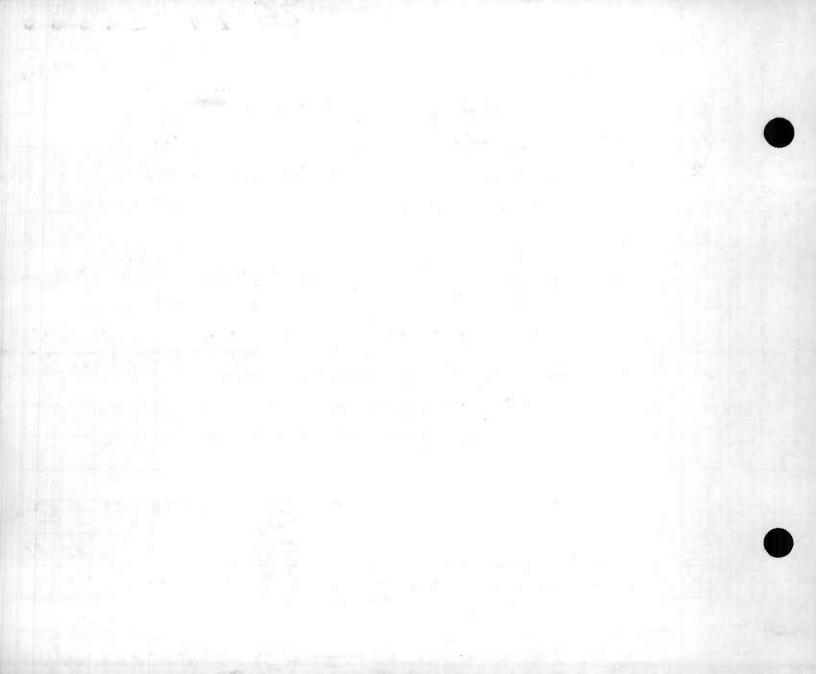
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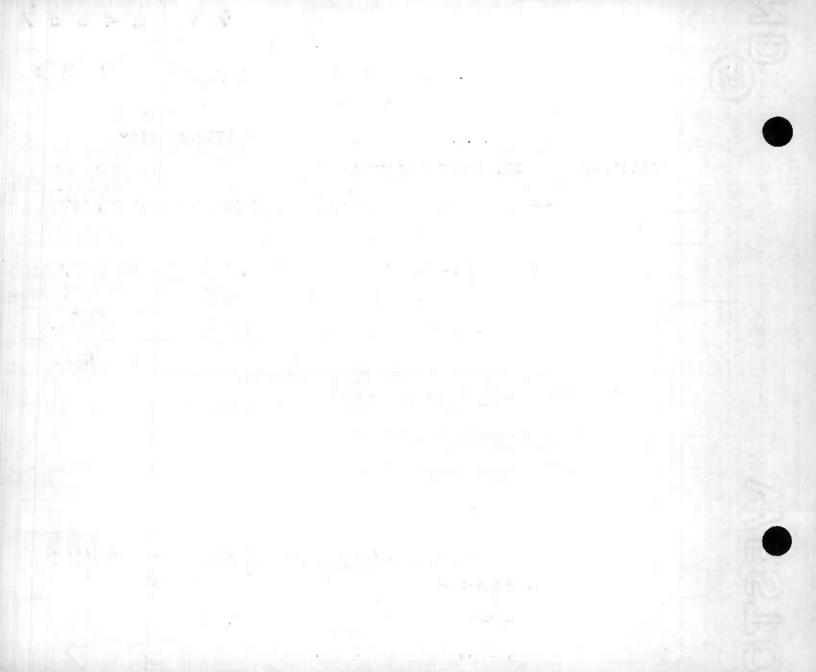
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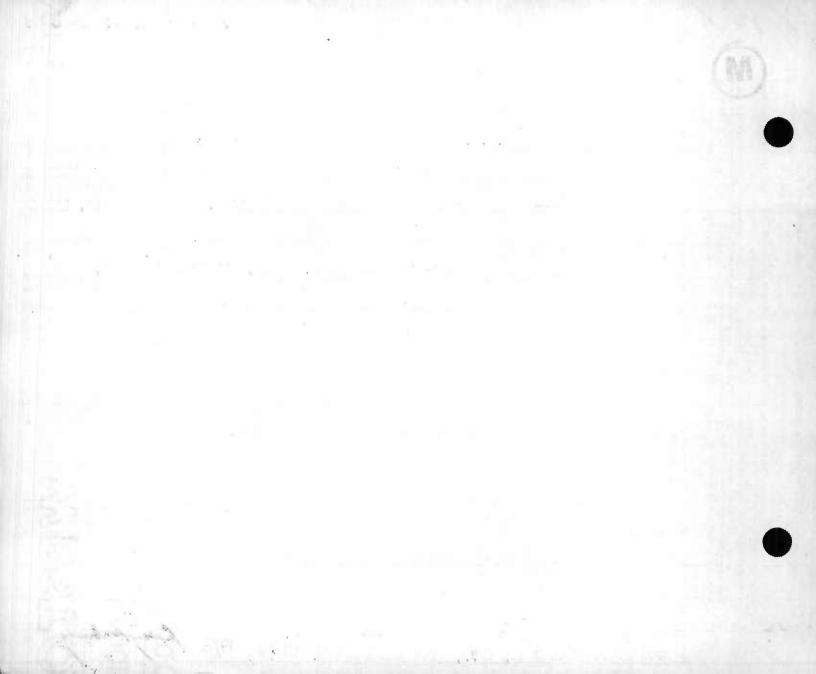


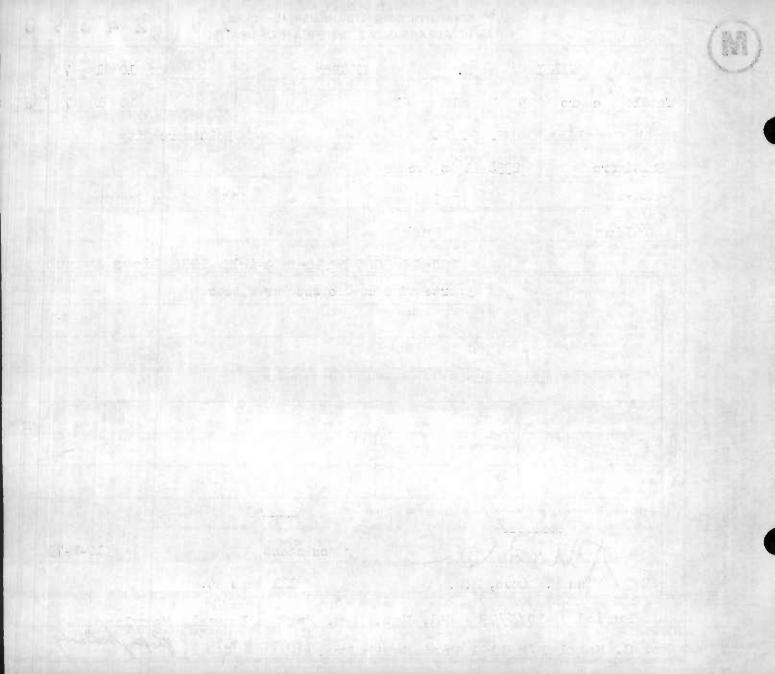


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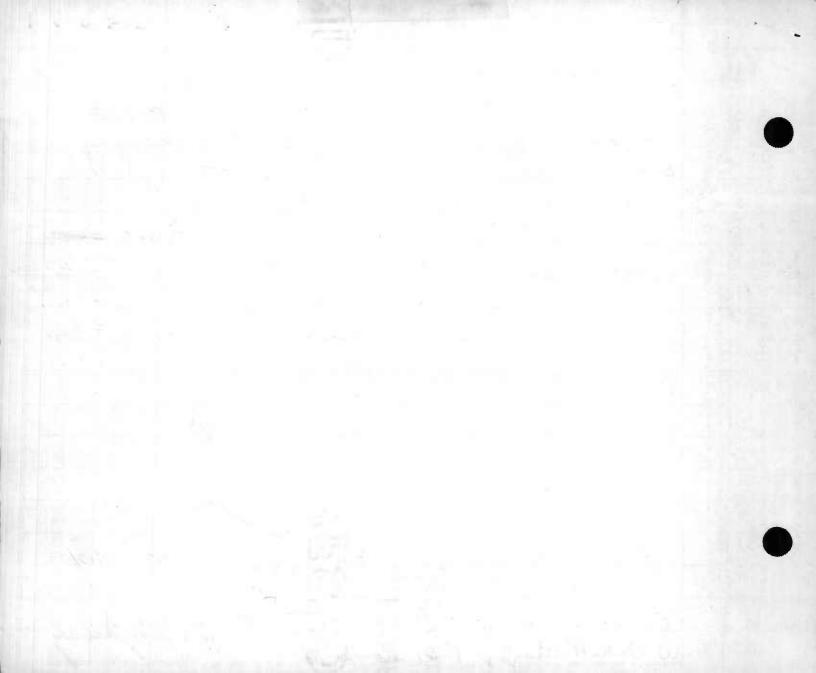
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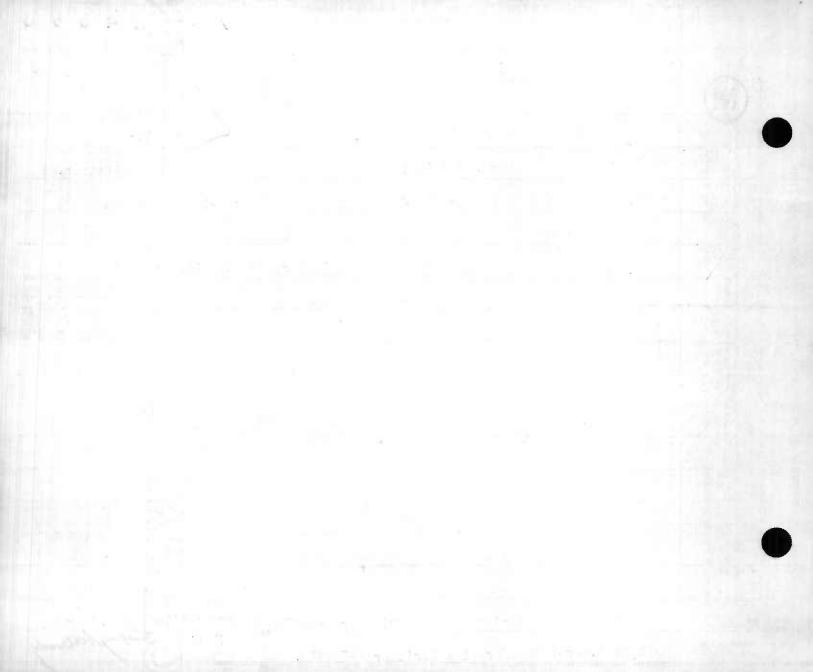


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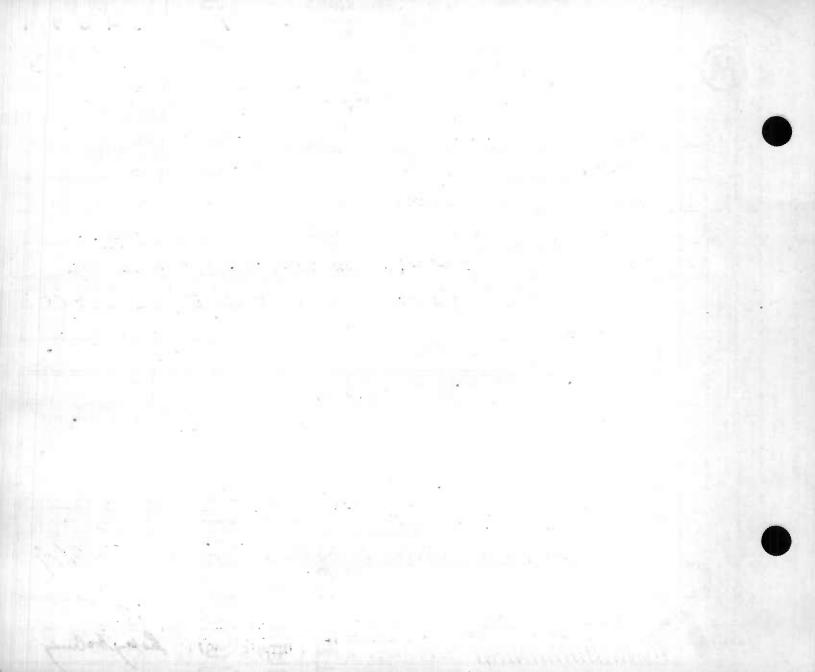


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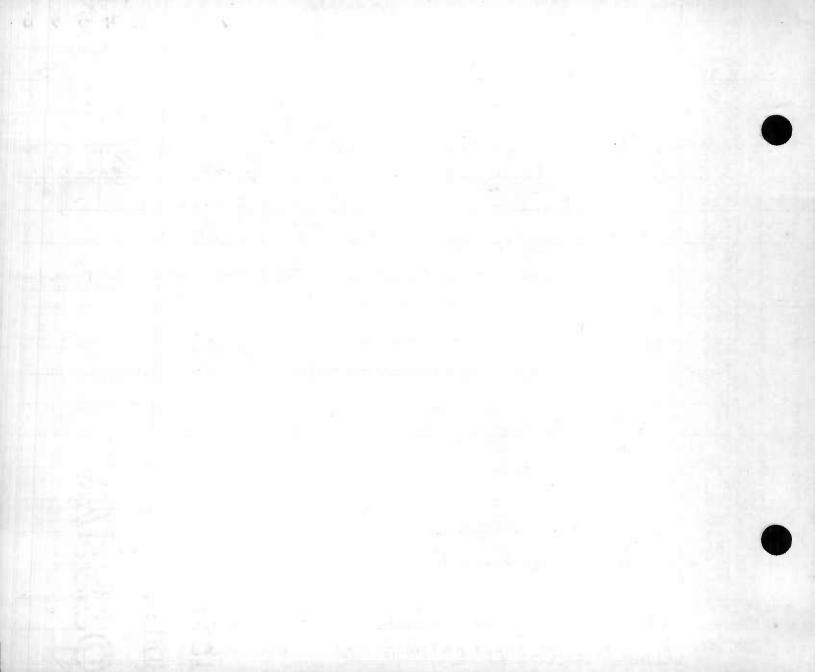
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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